



Private Sewage System Maintenance Report - The purpose of this report is to comply with WI Administrative Code Section 83.55 and Section 18.12.220A of the Eau Claire County Sanitary Code. This report needs to be filled out by a licensed POWTS (Private Onsite Waste Treatment System Maintainer) and returned to the Department within the due date. This report is NOT intended to fulfill the requirements of a septic system inspection for sale of property.

Date:

Property Owner Name:
Property Address:
Property City, ST, Zip:

REPORT DUE DATE:

Private Sewage System Inspection Certification
(This section needs to be completed by a licensed Maintainer)

Property Location:

Parcel ID #:
Last Known Maintenance Date:

I have performed the following services at the above premises on _____ (date w/year)
and certify the following inspection findings as being true and accurate:

1. The (septic tank) (pump chamber) was pumped.
Total gallons pumped: _____
Septage disposal location: _____
- OR-**
- Pumping not required at time of inspection due to sludge/scum not occupying more than 1/3 of tank.
2. Effluent filter present (please circle): Yes No 2a. If yes - Was the filter cleaned? Yes No
3. I observed illegal pumping or an outfall pipe (please circle): Yes No
4. I observed problems that may cause backup of wastewater into home (please circle): Yes No
5. I observed liquid discharge/ponding from the system onto the ground surface (please circle): Yes No

Signature of Inspecting Person

License Number

Printed Name and Company providing service

Please Return Form To:
Eau Claire City-County Health Department
720 Second Ave
Eau Claire, WI 54703

***Note:** For more information please go to our website:
www.eauclairewi.gov/health. Click the "Services" tab and
then click "Environmental Health Services"

For Office Use Only
Sewer ID #
PIN #
Alternate #: