



Crawford County Land Conservation, Planning & Zoning

225 N. Beaumont Road, Suite 233, Prairie du Chien, WI 53821

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ANNUAL PRE-TREATMENT INSPECTION REPORT

- Per Wisconsin Admin Code, SPS 383, the owner of a pre-treatment device is responsible for ensuring its proper operation. The maintenance program requires all pre-treatment devices be inspected annually by a certified pre-treatment inspector and the entire system be inspected once every three years by a licensed master plumber, a certified POWTS inspector, a certified septage servicing operator or a registered POWTS maintainer.
- SPS 383.55 Requires** the owner of a POWTS to report to the governmental unit at the completion of each inspection, evaluation, maintenance or servicing event.
- Non-Compliance with this program shall be considered a human health hazard and will result in a citation.**

Property

Address: _____ Owner Name: _____

TAX PARCEL # _____ Phone Number: _____

↩ A LISENCE SERVICE PROVIDER MUST COMPLETE THIS FORM ↩

TANK (check all that apply):

Liquid Appearance:	Translucent	Clear	Other (Specify):	
Liquid Odor:	None	Perfumed	Noxious	Other (specify):
Bubble Pattern:	Normal	Abnormal (Describe)		
Needs to be Pumped: If yes, attached pump report also required.	Yes	No	Unusual Observations:	

Effluent Filter (Check all that apply):

In Place:	Yes	No	Not Applicable		
Housing to outlet pipe secure:	Yes		No		
Cleaned:	Yes	No	Hair / Lint Buildup:	Yes	No
Notes:					

Pre-Treatment Unit (check all that apply):

Biological Growth Visible:	Yes	No	Color:		
Ample flow through unit:	Yes	No	Unit Clogged with:		
Inoculant replenished:	Yes	No	Unit removed and cleaned:	Yes	No
Notes:					

Air Supply (check all that apply):

Pump:	Outdoor				Indoor			
Pump Operating properly:	Yes	No	Air Filter Clean:	Yes	No	Alarm Operating Properly:	Yes	No

THE UNDERSIGNED MAINTAINER CERTIFIES THAT THIS TANK WAS INSPECTED AND IS NOT DISCHARGING TO THE SURFACE. THE UNDERSIGNED OWNER CERTIFIES HE/SHE HAS REVIEWED THIS REPORT FOR ANY DEFICIENCIES

Technician Signature

License No.

Service Company Name

Property Owner's Signature

Date of Visit