

Parcel No: _____

**UTILIZATION OF AN EXISTING SEPTIC TANK
Certification Statement**

This is to certify that I have inspected the septic tank presently serving the _____ residence located at:

Street Address of Tank Location

GL _____ or _____ ¼ _____ ¼, Section _____, T _____ N, R _____ E, Town of _____

Lot _____ /Blk _____ of _____
CSM or Subdivision

SEPTIC TANK:

Date of Inspection: _____ Capacity _____ gallons

Construction: Prefab concrete Steel Other _____

Manufacturer _____ Age of Tank _____ Tank Pumped? Yes No

Comments: _____

PUMP TANK:

Date of Inspection: _____ Capacity _____ gallons

Construction: Prefab concrete Steel Other _____

Manufacturer _____ Age of Tank _____ Tank Pumped? Yes No

Comments: _____

GREASE INTERCEPTOR:

Date of Inspection: _____ Capacity _____ gallons

Construction: Prefab concrete Steel Other _____

Manufacturer _____ Age of Tank _____ Tank Pumped? Yes No

Comments: _____

Upon Inspection, I certify that I have found the tank(s) and baffles to be in good condition and it/they appear to be functioning properly.

Signature

Name (please print)

Title

License Number

Date

**PLUMBER CERTIFICATION
(Installer Applying for Sanitary Permit)**

In accepting the above statement regarding the existing tank condition, I certify that the tank(s) will conform to the requirement of SPS 383, Wisconsin Administrative Code, [except for inspection opening(s) over the outlet baffle if there is no opening in the tank(s)].

Signature

Name

MP/MPRS

Date

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