

# Private Water System and/or Private Sewage System Evaluation Application

Waukesha County Department of Parks & Land Use, Environmental Health Division  
 515 W. Moreland Blvd., Rm AC 260 Waukesha, WI 53188  
 Phone 262-896-8300 Fax 262-896-8298

Closing Date:	Property Owner:	Tax Key No:
Property Address:		City, Town, Village of:
Telephone Number: Home:	Office:	Ext:
Mailing Address:	Post Office:	Zip Code:
Contact Person for Appointment:	Phone Number:	Fax Number:

The Environmental Health Division will perform a private water system, private sewage system or private water & private sewage system evaluation. Please indicate below the type of inspection that you wish to have performed. All private water system inspections include a water sample. Indicate the water analysis method preferred.

(See back for explanation of services)

<input checked="" type="checkbox"/> Check One <input type="checkbox"/> <b>Private Water &amp; Private Sewage System Evaluation</b> (includes bacteriological analysis) → <input type="checkbox"/> <b>Private Water Evaluation Only</b> (includes bacteriological analysis) → <input type="checkbox"/> <b>Private Sewage System Evaluation Only</b> →	Water Analysis Method Requested: <input type="checkbox"/> <b>Membrane Filter *</b> <input type="checkbox"/> <b>Colilert Test</b> <input type="checkbox"/> <b>Nitrate and Arsenic</b> ----- <b>No Water Sample Collected</b> -----
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\*At the discretion of the Environmental Health Division Laboratory, water samples which have high turbidity or iron may be run using the Colilert Test. If a water analysis method is not specified, the Colilert test will be used.

The Environmental Health sanitarian conducting the inspection will call for an appointment. These calls are usually made between 8:00 and 9:30 a.m., Monday through Friday. The owner, tenant, representative or agent must be at the property to meet the Environmental Health sanitarian if the property is occupied.

If this request is made as part of a refinancing or real estate transaction, please submit the "Private Water System and/or Private Sewage System Evaluation Application" a minimum of 2 weeks before your deadline. **Effective October 1, 2014, changes to ch NR812, Wisconsin Administrative Code, will require water analysis when there is a property transfer well inspection. The following analysis must be performed: coliform bacteria, nitrate and arsenic. Additional time will be required to receive test results.** Following the evaluation, a written report will be prepared summarizing the observations made from the inspection and departmental files.

**On the back of this application the "Owner's Disclosure Statement" must be completed and signed before an inspection date will be scheduled by Environmental Health Staff.**

Fees:		For Office Use	Charge Card type:
Well and Sewage Evaluation	\$ 160.00	Date Received:	Name:
Well Evaluation		Fees Paid:	
Sewage System Evaluation			
Well and/or Sewage Evaluation With Nitrate and Arsenic	\$ 210.00	Received From:	Account #:
			Security Code:
			Expiration Date:

## Explanation of Services:

**Private Water Evaluation:** The evaluation consists of an inspection of the visible components of the private water system. The private water system construction and location are evaluated for compliance with NR812, Wisconsin Administrative Code, Well Construction and Pump Installation requirements. Deficiencies identified will require correction to bring the private water system into compliance with NR812, WAC provisions. The evaluation also includes the collection of a water sample tested for bacteriological analysis. Although a septic system evaluation is not part of the private well evaluation, any obvious evidence that sewage is backing up or is being discharged to the surface of the ground will be viewed as a violation of the Waukesha County Sanitary Ordinance.

**Private Sewage System Evaluation:** A visual inspection of the private sewage system is conducted to determine if all water carried waste enters the septic tank, that no sewage effluent is visibly being discharged onto the surface of the ground, and to determine if minimum isolation distances are maintained. To determine the operating condition of the soil absorption system, the observation pipe or fresh air vent is checked to determine the operating status of the soil absorption system. To provide an evaluation that is representative of the operating condition of the existing sewage disposal system, **do not pump the septic tank before the inspection is made.** This evaluation does not include a structural evaluation of the septic tank. For this service it is recommended that you contact a licensed pumper or plumber.

**Private Water & Sewage System Evaluation:** Combines the evaluations as described above.

**Membrane Filter Test:** An approved method of analyzing water for the presence of coliform bacteria by running 100 ml. of water through a filter pad with growth media. Following a 24 hour incubation period the filter pad is viewed to determine the presence of coliform bacteria. Water samples that have high turbidity or high iron concentrations may produce an inaccurate test result and should be tested using other approved procedures.

**Colilert Test:** An approved method of analyzing water for the presence of coliform and *E. Coli* bacteria is done by inoculating a 100 ml. sample of water with Colilert media and incubating the sample for a 24 hour period. A sensitive test, the Colilert procedure is a presence/absence test that relies on a color change and fluorescence to identify the coliform and *E. Coli* bacteria.

## Owner's Disclosure Statement

<p><b>Private Water System Evaluation</b> N/A ( )</p> <p>1) How many wells are on this property? _____</p> <p>2) Is this well shared? Yes ( ) No ( )</p> <p>If "yes" please provide the well location _____</p> <p>3) Do you have a buried fuel tank? Yes ( ) No ( )</p> <p>4) If applicable, indicate the water treatment devices used with this well water.</p> <p>Water Softener ( ) Reverse Osmosis ( )</p> <p>Iron Filter ( ) Well Chlorinator ( )</p> <p>Other: _____</p> <p>5) Have you noticed any of the following with your water system?</p> <p>( ) Low Water Pressure</p> <p>( ) Sand or Sediment</p> <p>( ) Water Odor</p> <p>( ) Cloudy Water</p>	<p><b>Private Sewage System Evaluation</b> N/A ( )</p> <p>1) Is the property vacant ? Yes ( ) No ( )</p> <p>If "yes", for how long _____</p> <p>2) Number of Bedrooms ? _____</p> <p>3) Number of Occupants ? _____</p> <p>4) The septic tank was last pumped on ____/____/____ (date)</p> <p>5) The septic tank has been pumped every _____ year(s) for the last _____ years.</p> <p>6) Have you experienced problems with:</p> <p>Sewage back-up? Yes ( ) No ( ) Unknown ( )</p> <p>Sewage discharging to the ground surface? Yes ( ) No ( ) Unknown ( )</p> <p>Other? _____</p> <p>_____</p>
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This document will become part of your property record and must be signed and returned prior to inspection. I, the owner/agent, have read and fully disclosed to the best of my knowledge the information above.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

E47-11/2018

# Thank You