

POLK COUNTY ZONING ADMINISTRATION

Government Center
100 Polk County Plaza, Suite 130
Balsam Lake, WI 54810
Ph: (715) 485-9111; Fax: (715) 485-9246

Dear Private Sewage System Owner:

The Polk County Sanitary Ordinance requires owners of private sewage systems to have their septic tank pumped or inspected at least every 3 years.

Your septic tank may have had a filter installed at the time of installation. This filter is located at the outlet of your septic tank. This filter should be cleaned on a yearly basis. If the filter gets plugged, it may cause the system to back up.

As an owner, you are required to provide this Department with proof that you have had your septic tank pumped or inspected to see if it is less than 1/3 full of scum or sludge. Your system can be inspected by a Wisconsin licensed plumber or a Wisconsin licensed septage hauler/pumper. The certification form below must be filled out & returned to our office. **IF PROPERTY HAS BEEN SOLD, please advise our office.**

If you have more than one septic system on your lot that is due for inspection, please complete a form for each system. You may contact our office for a form (715) 485-9111 OR you may print the following website form: <http://www.co.polk.wi.us/landinfo/pdfs/Septic3YrGeneric.pdf>, fill it out and return it to our Department.

-----✂---Please Cut---✂-----

CERTIFICATE OF OPERATION AND INSPECTION - SEPTIC INSTALLATIONS

(INSPECTOR) I certify that the sewage disposal system:

- A. Is in proper operating condition.
 B. Is being used in conformity for purpose designed.
 C. Septic tank is less than 1/3 full of sludge or scum.
 D. Septic tank was pumped. Date pumped: _____

X _____
*Inspector's Signature Business License # Date Inspected
(*If no signature, then please include a copy of the receipt.)

OWNER – PLEASE COMPLETE THE FOLLOWING INFORMATION:

Property/Parcel #: _____ - _____ - _____
SEE TAX BILL -- This number is typically located near the upper right-hand corner of your tax bill under the legal description. If you cannot locate this number, you will need to provide a copy of your legal description to verify sewer tank location. Thank-you.

PLEASE PRINT: Owner's Name **Property Address (Number & Street or Ave)**

Owner's Signature **Previous Owner**

**PLEASE RETURN THIS FORM TO: POLK COUNTY ZONING ADMINISTRATION
GOVERNMENT CENTER
100 POLK COUNTY PLAZA, SUITE 130
BALSAM LAKE, WI 54810**

----- Fold #1 -----

Place
Postage
Stamp

POLK COUNTY ZONING ADMINISTRATION
100 POLK COUNTY PLAZA, SUITE 130
BALSAM LAKE, WI 54810

----- Fold #2 -----

Tape along this edge to seal (no staples, please)