



Health Department County of La Crosse, Wisconsin

300 4th Street North * 2nd Floor
La Crosse, Wisconsin 54601-3228
(608) 785-9872 * FAX: (608) 785-9846
www.co.la-crosse.wi.us/health.htm



Public Health
Prevent. Promote. Protect.

Environmental Health Division (608) 785-9771

DATE _____

NAME _____

ADDRESS _____
CITY STATE ZIP _____

TO: PRIVATE SEWAGE SYSTEM OWNER
Located at _____

Tax Parcel Number _____

The La Crosse County Sanitary Ordinance 12.07(2) and 13.05(3)(o) and Comm 83.54 and 83.55 require all Private Onsite Waste Treatment System (POWTS) be maintained every 3 years to ensure proper operation and thereby protect the public health and waters of the state.

As a POWTS owner, you are required to provide the La Crosse County Health Department with documentation after each inspection, maintenance or servicing event. All treatment tanks need to be pumped when the tank is greater than one-third (1/3) full of solids OR inspected if less than one-third (1/3) full. If you cannot be present, make sure the pumper uses the manhole, not the inspection ports, to pump the tank. To assure this is done correctly you need to dig up the manhole if it is buried. You may want to have the pumper or plumber install risers for easier access in the future. You also need to have the treatment or dispersal component (septic field) visually inspected to determine whether wastewater is ponding on the surface of the ground. This can be done by a licensed septic pumper, master plumber-restricted service or POWTS maintainer.

La Crosse County Board of Supervisors approved a POWTS management fee of \$13.00 to cover the cost of the Wisconsin Act 347 which became law April 29, 2006.

Return form and check made payable to:

**LA CROSSE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
300 4TH ST N - 2ND FLOOR
LA CROSSE WI 54601-3228**

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CERTIFICATE OF OPERATION AND INSPECTION

WE CERTIFY THE FOLLOWING:

		<i>Last Dates Reported</i>
<input type="checkbox"/> Septic Tank is less than 1/3 full of solids	- Date _____	0/0/0000
<input type="checkbox"/> Not In Use, Please Explain	- Date _____	0/0/0000
<input type="checkbox"/> POWTS Management Late Fee \$25.00	- Date _____	0/0/0000
<input type="checkbox"/> Septic Tank was Pumped	- Date _____	0/0/0000
<input type="checkbox"/> Tank Filter Unit Cleaned	- Date _____	0/0/0000
<input type="checkbox"/> Visual Inspection of Field	- Date _____	0/0/0000
<input type="checkbox"/> POWTS Management Fee \$13.00	Enclosed	0/0/0000

Owners Signature

Pumper / Plumber / Maintainer Signature

License No. _____

Comments: _____

Company Name _____

Sanitary Permit #: SPS _____

THIS FORM WILL BE RETURNED IF RECEIVED WITHOUT PROPER SIGNATURES AND/OR FEE