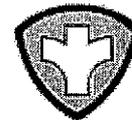




Health Department
County of La Crosse, Wisconsin

300 4th Street North • 2nd Floor
La Crosse, Wisconsin 54601-3228
(608) 785-9872 *FAX: (608) 793-6565
www.co.la-crosse.wi.us/health.htm



Public Health
Prevent, Promote, Protect

Environmental Health Division (608) 785-9771

FIRST NOTICE

The certification form on the back of this page must be filled out and returned with the **\$15.00** management fee within 60 days of the date of this letter or a late fee will be assessed per La Crosse County Ordinance 12.07.

To:

Tax Parcel Number:

Located at:

La Crosse County Ordinance 12.07(2) and Wisconsin administrative rules SPS 383.54 and 383.55 require Private Onsite Wastewater Treatment Systems (POWTS) to be serviced every 3 years to ensure proper operation and protect public health.

As a POWTS owner, you are required to provide the La Crosse County Health Department with documentation after each inspection, maintenance or service event. All treatment tanks must be pumped when tanks are greater than one-third (1/3) full of solids OR inspected if less than one-third (1/3) full. If you are unable to be present during inspection and/or pumping, notify the pumper to use the manhole, not the inspection ports, to pump the tank. To assure this is done correctly, you may need to locate and dig up the manhole if it is buried. Risers may be installed by pumpers or plumbers to allow future access. The treatment or dispersal components (septic field) must be visually inspected to determine if wastewater is ponding on the surface of the ground. This may be done by a licensed pumper, master plumber (restricted service) or POWTS maintainer.

If your POWTS system was pumped within the past two years, you will need to contact the pumping company to complete the pumping/inspection certification form noting the pump date. Please return the form with the fee. Thank you for your cooperation.

PLEASE RETURN THE PUMPING/INSPECTION CERTIFICATION FORM AND **\$15.00 TO:**

LA CROSSE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
300 4TH STREET NORTH
LA CROSSE WI 54601-3228

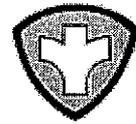
(Certification Form is on back of this page)



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PUMPING/INSPECTION CERTIFICATION FORM

WE CERTIFY THE FOLLOWING:

LAST DATE REPORTED

- | | | | |
|--------------------------|---|------------|----------|
| <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"/> | 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"/> | Management Fee \$15.00 | Enclosed | 0/0/0000 |

COMMENTS: _____

Owners Signature

Pumper/Plumber/Maintainer Signature

License #: _____

Company Name _____

Sanitary Permit #:

Install Date:

THIS FORM WILL BE RETURNED IF RECEIVED WITHOUT PROPER SIGNATURES AND MANAGEMENT FEE. FAILURE TO COMPLY MAY RESULT IN ENFORCEMENT ACTIONS BY THIS DEPARTMENT.