



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

**SECOND NOTICE
PAST DUE
CITATION PENDING**

To:

Tax Parcel Number:

Located at:

The La Crosse County Sanitary Ordinance 12.07(2) and 13.05(3)(o) and **SPS 383.54 and 383.55** 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.

If you have had your system pumped in the last two years, contact the pumping agency and have them complete the attached form with the last date the system was pumped and return to our office with the applicable fee.

Our records indicate we have not received the fee or documentation indicating your septic tank has been inspected and/or pumped. If this is incorrect or you did not receive our first notice please contact our office. If your service provider is to supply us with the certificate of inspection and fee please contact that agency.

If you have not responded within 30 days after receiving this letter you will receive a citation for \$100 plus court costs. The pumping report is on the backside of this letter.

Return form and check made payable to:

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

PUMPING REPORT IS ON THE BACK



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

Environmental Health Division (608) 785-9771



Public Health
Prevent, Promote, Protect

CERTIFICATION OF OPERATION AND INSPECTION

WE CERTIFY THE FOLLOWING:

LAST DATES 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"/> | POWTS Management Fee \$15.00 | Enclosed | 0/0/0000 |
| <input type="checkbox"/> | POWTS Management Late Fee \$26.00 | 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 MAINTENANCE FEE. FAILURE TO COMPLY WILL RESULT IN FURTHER ACTION BY THIS DEPARTMENT.