

**CERTIFICATION STATEMENT
To Utilize Existing Septic Tank(s)**

This is to certify that I have inspected the existing septic and/or dose tank presently serving the following residence:

(Site address) _____ located in the
____ ¼, ____ ¼ or Gov. Lot # _____, Section _____, Town _____ N, Range _____ W
Town of _____, Pierce County, Wisconsin.
Parcel # _____ - _____ - _____

Upon inspection, I certify that I have found the tank(s), to the best of my knowledge, will conform to the requirements of SPS. 384.25, and it (they) appear(s) to be functioning properly.

Most recent date of inspection or service: _____
Did flow back occur from absorption system? Yes ____ No ____ (if no, skip next line.)
Approximate volume or length of time: _____ gallons _____ minutes
Tank Capacity: _____
Tank Construction: Prefab Concrete _____ Steel _____ Other _____
Manufacturer (if known): _____
Age of Tank (if known): _____
Sanitary Permit number (if known) _____

Inspection and form was completed by Wisconsin Licensed Plumber (DSPS Ch. 305 & Sec. 145.06, WI Statutes) OR Wisconsin Licensed Disposer (NR 113, WI Admin. Code):

(WI Licensed Plumber/Disposer Signature)

(WI Licensed Plumber/Disposer Printed Name)

(Title & License Number)

(Date)