

ST. CROIX COUNTY ZONING OFFICE

**CERTIFICATION STATEMENT
FOR UTILIZATION OF EXISTING SEPTIC TANK(S)**

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

(Street address) _____ located at: _____ 1/4, _____ 1/4, Section _____, Town _____ N, Range _____ W, Town of _____, St. Croix County Wisconsin.

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: _____

Construction: Prefab Concrete _____ Steel _____ Other _____

Manufacturer (if known): _____

Age of Tank (if known): _____

Permit number (if known) _____

(Licensed Plumber Signature)

(Print Name)

(Title)

(License Number) MP/MPRS

(Date)

Form to be completed by licensed plumber (Dept of Safety and Professional Services Chapter 305 and s. 145.06, Wisconsin Statutes) or licensed disposer (NR 113 Wisconsin Administrative Code)