



IOWA COUNTY OFFICE OF PLANNING & DEVELOPMENT

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CERTIFICATION OF SEPTIC SYSTEM STATUS

SITE: Site address **-(required)** _____

PERMIT NUMBER: _____

OWNER **(required)** _____

I, _____ **(required)** Plumber/Pumper (circle one) hereby certify that I have inspected the septic system for the above stated address, located in the Town of _____ Iowa County, Wisconsin, on (Date) _____

Inspection of tank or tanks

- ___ The septic system is working properly and the tank does not require pumping at this time because the tank is not 1/3 filled with sludge.
- ___ The tank was pumped and is now not 1/3 filled with sludge and the septic system is working properly
- ___ The septic tank is not working properly.

Date Signature of the Plumber/Pumper **(required)**

License Number _____ **(required)**

Inspection or dispersal cell or cells

- ___ Dispersal cell is operating properly
- ___ Dispersal cell is surfacing or ponding at this time.

Explain _____

Date Signature of the Plumber/Pumper **(required)**

I, _____ owner of the above described parcel, certify that the septic system located on the described parcel is operating properly and that the information contained on this form is accurate and correct to the best of my knowledge.

Date Signature of Owner **(required)**