



**Trempealeau County Department of Land Management**

Courthouse, P.O. Box 67

Whitehall, WI 54773

Phone: (715) 538-2311 ext 259

Web Page: www.trempecounty.com/landmanagement

Owner Name  
Owner Mailing  
Address

\* Not Valid Without Inspectors Signature

**CERTIFICATE OF OPERATION AND INSPECTION\***

We certify that the sewage disposal system:

\_\_\_\_\_ A. Is in proper operating condition.

\_\_\_\_\_ B. Is being used in conformity with the purpose for which it was designed.

\_\_\_\_\_ C. Septic tank is less than 1/3 full of sludge or scum.

\_\_\_\_\_ D. Septic tank was pumped.

				Date Pumped		Gallons Pumped	
Filter	Yes	No	N/A	Inlet	Intact	Damaged	N/O
Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainfield	Yes	No	N/O	Outlet	Intact	Damaged	N/O
Ponding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locking	Yes	No	N/A	Signs of	Yes	No	N/A
Device on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover				Discharge			

\_\_\_\_\_  
Owner's Signature

\* N/A = Not Applicable

\* N/O = Not Observed

\_\_\_\_\_  
Inspector's Signature (required)

\_\_\_\_\_  
License Number (required)

\_\_\_\_\_  
Date of Inspection (required)

Location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_, T. \_\_\_\_\_ N., \_\_\_\_\_ W

Owner: \_\_\_\_\_ System Address: \_\_\_\_\_

System Parcel ID: \_\_\_\_\_ Township: \_\_\_\_\_

House Parcel ID: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_