



County of Door LAND USE SERVICES-SANITARIAN

County Government Center
421 Nebraska Street
Sturgeon Bay, WI 54235

Phone: (920) 746-2308

FAX: (920) 746-2387

Website: www.co.door.wi.gov/164/Land-Use-Services

PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM INSPECTION & LETTER

This Section to be completed by the Requester
\$125.00 fee for all On-Site Inspections Including Letter

MAKE CHECK PAYABLE TO: DOOR COUNTY TREASURER

Requester Name:

Phone:

Email address:

Parcel Owner Name:

Property Address:

Tax Parcel No(s):

BUILDING/DWELLING USE:

Residential # of Bedrooms: _____ Public/Commercial Use _____

SYSTEM TYPE:

In-ground Non-Pressurized _____ Mound _____ Holding Tank _____ At-Grade _____
In-ground Pressurized _____ Other: _____

TREATMENT TANK/FILTER INFORMATION

Treatment tank size: _____ gallons Number of Tanks _____ Manufacturer: _____
Pump tank/Holding tank size: _____ gallons Tank material: Concrete Plastic Other: _____
Tank Pumped? Yes No Pumper: _____ Date _____
Tank/Baffle Condition _____ Filter apparatus type: _____
Are all risers, locks, chains and alarms installed and in good working order? Yes No _____
Distance from all weather service road to holding tank manholes _____
Water meter w/remote reader in place for holding tank? Yes No _____

DISPERSAL CELL INFORMATION

Total dispersal cell area _____ Depth to system elevation _____
Is effluent evident in observation/vent pipe? Yes _____ No _____ If yes, depth/inches: _____
Setback distance to: Well _____ Lot line _____ Building _____ Surface water _____

A soil boring is required in close proximity to the existing dispersal cell to determine whether failure exists (prior to November 1, 1974)

Notes:

Requester Signature:

Date:



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<i>Office Use Only</i>		
Notes:		
Signature:		Date:
Amount Received: \$		Check <input type="checkbox"/> C-Card <input type="checkbox"/> Cash <input type="checkbox"/>
Name on Check/Credit Card:		Receipt #

Updated 1/1/2025