

PRIVATE SEWAGE SYSTEM ABANDONMENT FORM

To the system owner: It is important for you to verify the legal description, including the parcel number, with your tax records. Please indicate any changes or corrections on this form.

Owner(s): _____

Mailing Address: _____

Legal Description: _____ ¼ of _____ ¼ of Section _____, _____ Municipality

Subdivision: _____ **Lot:** _____ **Parcel Number:** _____

Important: The person that performs the work for you **must** be properly licensed and **must** provide the information to complete all of the statements in the certification section. Any report that does not include all of that information cannot be accepted.

Private Sewage Abandonment Certification

The private sewage system identified above was abandoned on this date: _____

1) The septic tank(s) were pumped by licensed septic pumper:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) The septic tank(s) were (please check the appropriate box):	<input type="checkbox"/> Completely removed <input type="checkbox"/> Destroyed in place
3) If the septic tank(s) were destroyed in place, please certify the following actions were taken:	<input type="checkbox"/> Tank cover removed <input type="checkbox"/> Tank bottom broken <input type="checkbox"/> Tank sidewalls collapsed <input type="checkbox"/> Remaining pit filled
4) All piping leading to and from the septic(s) was disconnected and sealed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Licensed Septic Pumper: _____
Printed Name Signature License #

Septic Pumper Business Name: _____

POWTS Abandoner: _____
Printed Name Signature License #

POWTS Abandoner Business Name: _____

Return this form to Public Health Madison & Dane County, 2300 S Park St, Rm 2010, Madison WI 53713 or email to privatewellseptic@publichealthmdc.com. Please call 608-242-6515 if you have questions.