

# 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):** \_\_\_\_\_

POWTS#:
DB ID:

**Mailing Address:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_ **1/4 of** \_\_\_\_\_ **1/4 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](mailto:privatewellseptic@publichealthmdc.com). Please call 608-242-6515 if you have questions.