

PRIVATE SEWAGE SYSTEM MAINTENANCE FORM

Property Owner: _____

Address: _____ City: _____ Zip: _____

POWTS#: _____

Property Description:

Lot: _____ CSM/Subdivision: _____

Tax parcel number: _____

Property Address: _____

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 Maintenance Certification

Date Serviced: _____	Number of tanks serviced: _____
Amount of accumulated solids: _____	<input type="checkbox"/> Less than 1/3 tank capacity <input type="checkbox"/> More than or equal to 1/3 tank capacity
Gallons pumped: _____	Disposal location: _____

Problems with tank(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system have a steel tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was liquid discharge from the system observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Licensed Professional: _____

Printed Name

Signature

License #

Business Name: _____

Return this completed and signed form in one of these ways:

- Online submittal from your septic pumper/maintenance provider
- Email to privatewellseptic@publichealthmdc.com
- Fax to 608-242-6435
- Mail to Public Health Madison & Dane County, 2300 S Park St, Rm 2010, Madison WI 53713

Please call 608-242-6515 if you have questions.