

# 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:  Less than 1/3 tank capacity  More than or equal to 1/3 tank capacity

Gallons pumped: \_\_\_\_\_ Disposal location: \_\_\_\_\_

Problems with tank(s)?  Yes  No

Does the system have a steel tank?  Yes  No

Was liquid discharge from the system observed?  Yes  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](mailto: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.