

PRIVATE SEWAGE SYSTEM ABANDONMENT FORM

<u>To the system owner:</u> 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(9):	POWTS #:	
Mailing	Address:		
Legal D	escription:1/4 of1/4 of Section Town Range, in	(Municipality)	
Subdivision/CSM: Lot: Parcel No:			
Site Address			
PRIVA	TE ONSITE WASTE TREATMENT SYSTEM (POWTS) ABANDONMENT CER	TIFICATION	
The priv	rate sewage system identified above was abandoned on(Date)	_	
1.	The septic tank(s) were pumped by licensed septic pumper: \square Yes \square No		
2.	2. The septic tank(s) were (please check the appropriate box): ☐ Completely removed ☐ Destroyed in place		
	If the septic tank(s) were destroyed in place, please certify that the following actions wer Tank cover removed Tank bottom broken Tank sidewalls collapsed Remaining pit filled	e taken:	
4.	All piping leading to and from the septic(s) were disconnected and sealed: \Box Yes \Box No		
	Comments:		
	Plumber:		
	Printed Name Signature	License #	
	Business Name:		

Please note: The plumber 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. Once completed, return this form to Wood County Planning & Zoning as soon as possible so the system can be removed from inventory.

Return this form to: Wood County Planning & Zoning, 400 Market St., P.O. Box 8095, Wisconsin Rapids WI 54495, or email planning@woodcountywi.gov. Please call 715-421-8466 if you have questions.