



PRIVATE SEPTIC 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 #: _____

Mailing Address: _____

Site Address: _____ Parcel No: _____

Legal Description: ____ ¼ of ____ ¼ of Section ____ Town ____ Range ____, in _____ (Municipality)

PRIVATE ONSITE WASTE TREATMENT SYSTEM (POWTS) ABANDONMENT CERTIFICATION

The private sewage system identified above was abandoned on: _____
(Date)

1. The septic tank(s) were pumped by licensed septic pumper: _____
(Date)

2. The septic tank(s) were: Completely removed Destroyed in place

3. If the septic tank(s) were destroyed in place, please certify that the following actions were taken:

- Tank cover removed
- Tank bottom broken
- Tank sidewalls collapsed
- Remaining pit filled

4. All piping leading to and from the septic(s) were disconnected and sealed: Yes No

5. Picture(s) of abandoned system or county personnel on-site verification (one option to be completed): Yes No

Comments: _____

Licensed Septic Pumper: _____
Printed Name Signature License #

Business Name: _____

POWTS Abandoner: _____
Printed Name Signature License #

POWTS Abandoner Business Name: _____

Please note: The Licensed Pumper signature is not required if the pumping is already reported to the county. The POWTS Abandoner who is contracted to perform the work for you must provide the information to complete all the statements in the certification section. Any report that does not include all the information cannot be accepted.

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