



Land Conservation, Planning & Zoning Department
 700 Main Street
 Darlington, WI 53530
 Phone: (608) 776-3836

ABANDONMENT FORM FOR PRIVATE ONSITE WATER TREATMENT SYSTEM (POWTS)

FOR COUNTY USE ONLY

Date Received: _____

POWTS #: _____

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:

Name(s): _____ Phone: (____) _____ - _____

Mailing Address: _____

Site Address (if different): _____

DESCRIPTION OF PROPERTY:

Town of _____ Tax Parcel Number _____

Legal Description: _____ 1/4 _____ 1/4 Section _____ Town _____ Range _____

Subdivision Name: _____

PRIVATE SEWAGE ABANDONMENT CERTIFICATION

Please note: 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.

Date(s) the private sewage system identified above was: Pumped: _____ Abandoned: _____

Circle YES, NO, or check the boxes that apply:

- 1) ALL septic tank(s) were pumped by licensed septic pumper. YES NO
- 2) ALL septic tank(s) were: Completely Removed Destroyed in place*
 - *If the septic tank(s) were destroyed in place, please certify that the following actions were taken:
 - a. Tank cover removed YES NO
 - b. Tank bottom broken YES NO
 - c. Tank sidewalls collapsed YES NO
 - d. Remaining pit filled YES NO
- 3) ALL piping leading to and from the septic(s) was disconnected and sealed. YES NO

Comments: _____

Licensed Septic Pumper: _____
Printed Name Signature License #

Septic Pumper Business Name: _____ Phone: (____) _____ - _____

POWTS Abandoner: _____
Printed Name Signature License #

POWTS Abandoner Business Name: _____ Phone: (____) _____ - _____