

Healthy people and places

## PRIVATE SEWAGE SYSTEM MAINTENANCE FORM

Owner Name  Mailing Address				_	
City	State	Zipcode			
				Office Refere POWTS #:	
Parcel No:		Subdiv	/ision:		Lot:
Property Address					
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.					
PRIVATE SEWAGE MAIN	NTENANCE CE	RTIFICATION			
Date serviced: # of tanks serviced					
Amount of accumulated solids: <1/3 tank capacity >= 1/3 tank capacity					
Gallons pumped: Disposal location					
Problems with tank(s)? If yes, please check a additional problems area:	II issues observ	ed. Report	baffles	acking or deterion need repair/replevel above or be	acement
Does the system have a s	teel tank?	Yes No			
Was liquid discharge from system observed?	the	Yes No			
Comments:					
Licensed Professional:					
Р	rinted Name	;	Signature		License #
Business Name:					_
Septic maintenance repor			rtment by the	following moon	

Septic maintenance reports may be returned to the Department by the following means:

- Online submittal by your septic pumper/maintenance provider
- Email the completed and signed form to <a href="mailto:privatewellseptic@publichealthmdc.com">privatewellseptic@publichealthmdc.com</a>
- Fax completed and signed form to 608-242-6435
- Mail completed and signed form to: Public Health Madison and Dane County 2300 S Park St, Rm 2010 Madison WI 53713