# SHEBOYGAN COUNTY
# SEPTIC SYSTEM ABANDONMENT
# PERMIT APPLICATION

Permit #_____

A. OWNER OF PROPERTY Mailing Address

B. LOCATION Section _____, T_____N R_____E City/Village/Town _____
Subdivision _____ Lot _____ Block _____ Parcel/T # _____
Street Address

C. TYPE OF OCCUPANCY Commercial _____ Industrial _____ Other (specify) _____
Single Family _____ Duplex _____

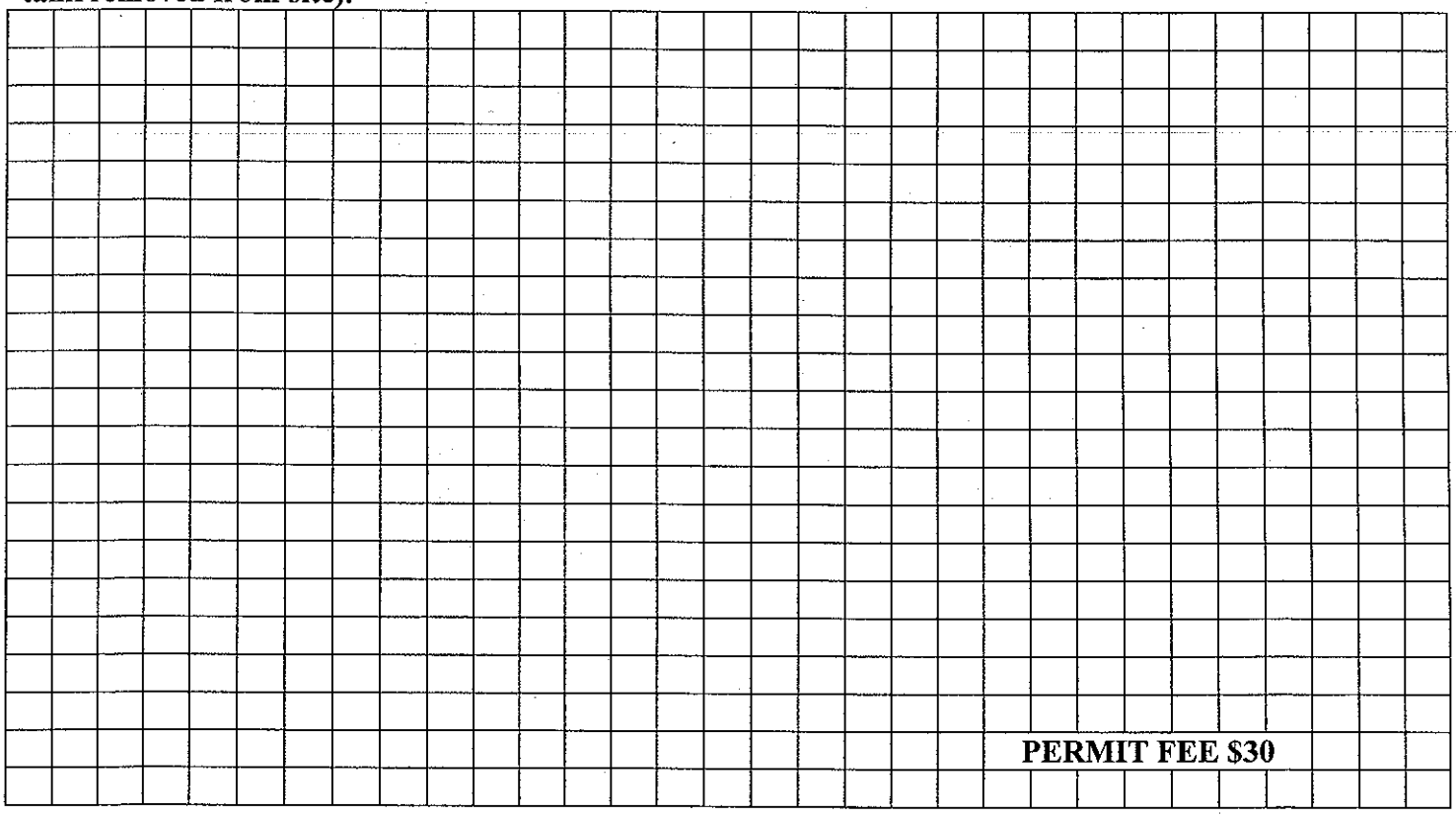
D. TANK CAPACITY _____Total Gallons No. of Tanks _____ Sanitary Permit # _____
Prefab Concrete _____ Poured-in-Place _____ Steel _____ Fiberglass _____ Other (specify) _____
Name of Pumper _____ Date Pumped _____

I, the undersigned, do hereby certify that the information I have reported is accurate.

Signature _____MP/MPRSW# _____

Address _____ Phone _____

PLAN VIEW - Provide sketch of septic system and building locations in cross-hatched area. Include location of well. Write in cross-hatched area how tank was abandoned (1. caved in and tank filled, or 2. tank removed from site).




DO NOT WRITE IN SPACE BELOW – FOR COUNTY USE ONLY
Date of Application _____ Fees Paid _____ Date Permit Issued/Rejected _____
Issuing Agent Name _____ Inspection Yes _____ No _____