

**SHEBOYGAN COUNTY  
SEPTIC SYSTEM ABANDONMENT  
PERMIT APPLICATION**

Permit # \_\_\_\_\_

**A. OWNER OF PROPERTY** John A. Public **Mailing Address** 123 N. 4<sup>th</sup> St Sheboygan, WI 53081

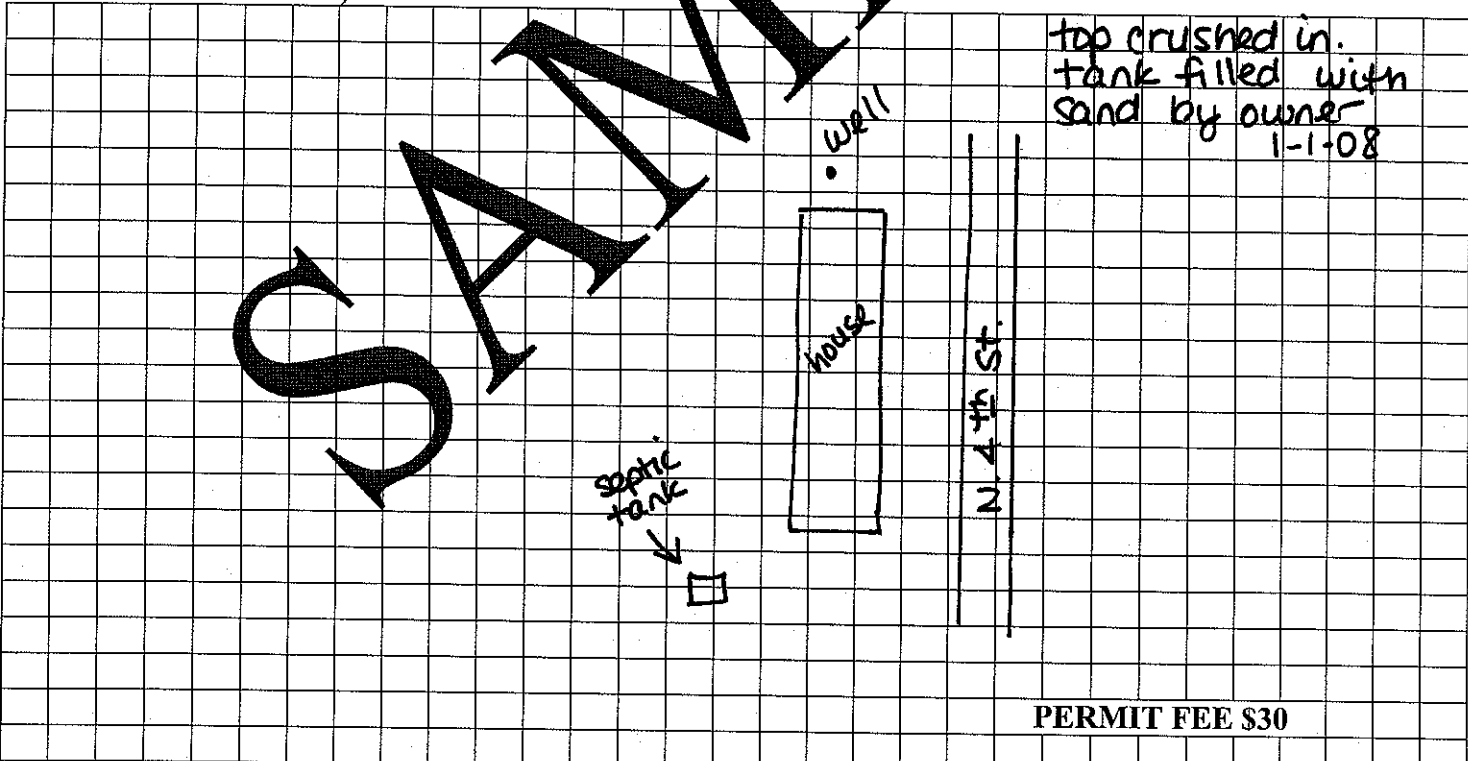
**B. LOCATION** Section 10, T 1S N R 23 E City/Village/Town Sheboygan  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Parcel/T# 590000000  
 Street Address 123 N. 4<sup>th</sup> St. TIA 10 1.11

**C. TYPE OF OCCUPANCY** Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 Single Family  Duplex \_\_\_\_\_

**D. TANK CAPACITY** 500 Total Gallons No. of Tanks \_\_\_\_\_ Sanitary Permit # NA-0  
 Prefab Concrete  Poured-in-Place \_\_\_\_\_ Steel \_\_\_\_\_ Fiberglass \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 Name of Pumper Any Pumper Date Pumped 1-1-08

I, the undersigned, do hereby certify that the information I have reported is accurate.  
 Signature John A. Public MP/M/RSW# \_\_\_\_\_  
 Address \_\_\_\_\_ Phone 123-4567

**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).**



**PERMIT FEE \$30**

**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 \_\_\_\_\_