

**SHEBOYGAN COUNTY
SEPTIC SYSTEM ABANDONMENT
PERMIT APPLICATION**

Abandonment 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) _____
Date Pumped _____ Name of Pumper _____

E. REMOVAL-Please describe how tank was abandoned (ex. caved in, removed from site, etc.)

F. SITE PLAN-Please provide a sketch of the septic system and building locations. Include location of the well and other pertinent features of the property.

Permit Fee is \$30. Make check payable to "Sheboygan County Treasurer"

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

Signature _____ MP/MPSRW# _____

Address _____ Phone _____

DO NOT WRITE IN SPACE BELOW – FOR COUNTY USE ONLY

Fees Paid _____ Date Permit Issued _____

Issuing Agent Name _____ Inspection Yes _____ No _____