

FOREST COUNTY DEMOLITION PERMIT APPLICATION  
PLEASE PRINT ALL INFORMATION

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ E: Mail: \_\_\_\_\_

PROPERTY DESCRIPTION AND ADDRESS

Township: \_\_\_\_\_

Tax Parcel Number (12 digits) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ E Total Acres: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor \_\_\_\_\_

Location and Manner of disposal of site materials: \_\_\_\_\_

Applicant Certification:

The undersigned hereby applies for the above-described permit and certifies that the information provided is complete, and accurate. The applicant understands that the issuance of this permit creates no legal liability, expressed or implied, on Forest County and that failure to comply with the permit may result in suspension and or revocation of this permit or other penalty. If the information I have provided on this application is found to be erroneous, I may be both cited and fined for any offense to the applicable ordinance. The undersigned hereby assumes all responsibility for this project and hereby grants Forest county Zoning staff permission to enter and inspect the property as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

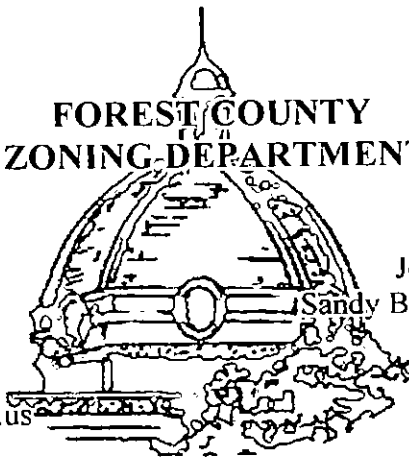
For Office Use Only

Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_

Conditions \_\_\_\_\_

**FOREST COUNTY  
ZONING DEPARTMENT**

**Courthouse Building**  
200 E. Madison St.  
Crandon WI 54520  
Phone: (715)478-3893  
Fax: (715)478-4010  
Email: fczone@co.forest.wi.us



Jeannie Fannin---Administrator  
Sandy Beauchaine---Administrative Assistant.

**POWTS ABANDONMENT INFORMATION**

Forest County is required to maintain an inventory of POWTS (also known as a septic system) in Forest County. If a POWTS is no longer in operation for any reason, Wisconsin Administrative Code, DSPS 383.33, requires that the system be permanently abandoned. In order to remove your POWTS from the county inventory and stop the triennial reporting requirement, you must have your POWTS properly abandoned and submit a POWTS abandonment form (located on the back of this letter) to our office at the address given above.

In order to properly abandon a POWTS, DSPS 383.33 requires the following:

1. Disconnect all piping to the tanks and/or pits;
2. Seal all disconnected piping to the tanks and pits as per DSPS 382;
3. Pump and dispose of the contents from all tanks and pits by a WI licensed septic pumper; and
4. Remove or destroy all the tanks and fill the pits with clean native soil, gravel or inert solid material. Proper destruction of a tank left in place includes removal of the cover, breaking the bottom, and collapsing the side walls of the tank.

These abandonment requirements apply to all systems that are no longer in use, including but not limited to those that serve a structure that has been connected to public sewer, serve a structure that no longer exists on the property, or those that are no longer functional and are replaced by a new private sewage system.

Your assistance in this matter is greatly appreciated. If you have any questions, please feel free to contact the Zoning Department at (715) 478-3893.

## POWTS ABANDONMENT FORM

**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.

Sanitary Permit number: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal description: G.L. or ¼ ¼ \_\_\_\_\_, Section \_\_\_\_\_, T \_\_\_\_\_, R \_\_\_\_\_ in \_\_\_\_\_ (township)

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Property address: \_\_\_\_\_

**Please note:** The person that performs the septic tank pumping 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.

### POWTS ABANDONMENT CERTIFICATION

The private sewage system identification above was abandoned on: \_\_\_\_\_ (date)

- 1) The septic tank(s) were pumped by licensed septic pumper:  Yes  No
- 2) The septic tank(s) were (please check the appropriate box):
  - Completely removed
  - Destroyed in place
- 3) If the septic tank(s) were destroyed in place, please certify that the following actions were taken:
  - Tank cover removed
  - Tank bottom broken
  - Tank sidewalls collapsed
  - Remaining pit filled
- 4) 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: \_\_\_\_\_

POWTS abandoner: \_\_\_\_\_

POWTS abandoner business name: \_\_\_\_\_

Return this form to Forest County Zoning Department, 200 E. Madison St., Crandon, WI 54520.  
Please call (715) 478-3893 if you have questions.