

CO# _____

AR# _____

Date Received _____

RP# _____

CK# _____

WILL COUNTY HEALTH DEPARTMENT APPLICATION FOR TANK ABANDONMENT

***DRAWING OF SEPTIC TANK, AEROBIC TREATMENT PLANT, LIFT
STATION, CESSPOOL, PIT PRIVY, DISINFECTION CHAMBER, SAMPLE
PORT, OR HOLDING TANK LOCATION MUST BE ATTACHED***

Location of Tank(s):

Property Owner Name: _____

Address: _____

Pin: _____

Phone: _____

Septic Pumper Contractor Information:

Company: _____

Licensed Contractor: _____

License Number: _____

Phone: _____

Tank Information:

Type of Tank(s): _____

Reason for Abandonment: _____

Method of Abandonment: _____

Contractor Signature _____ Date _____

CO initiated by _____ Date _____