



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947

permits@wyomingmn.org

SEPTIC SYSTEM REPAIR OR ABANDONMENT APPLICATION

Site Address _____ Type Of Residence: I II III IV

Owner Name _____ Phone _____

Installer: Name _____ MPCA # _____

Contact _____ Phone _____

Address _____

Email _____

Description of Repair: _____

Site Plan – Show location of building, well, septic tank(s), septic system and location of the repair.

Applicant Signature _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Required Inspections: Rough-In ____/____/____ Pressure Test ____/____/____ Final ____/____/____

APPROVED / DISAPPROVED By _____ Date ____ / ____ / ____

Permit # _____