



City Of Wyoming - Department Of Building Safety
26885 Forest Blvd., PO Box 188
Wyoming, MN 55092
Phone (651) 462-4947 Fax (651) 462-0576

APPLICATION FOR SEPTIC SYSTEM REPAIR / ABANDONMENT

Owner _____ Phone # _____

Job Location _____ Type of Residence I II III IV

Installer _____ MPCA # _____

Address _____ Phone # _____

Description of repair: _____

Site Plan (Show location of Building, Well, Septic tank(s), Septic System, and location of the repair)

Signature of Applicant _____ Date

OFFICE USE ONLY

Inspections Required: Rough-In _____ Pressure Test _____ Final _____

APPROVED / DISAPPROVED By: _____ Date ____/____/____

Permit # _____ Date Paid ____/____/____ Check # _____

Official