

Richland County
SANITARY PERMIT – RENEWAL

Permit Renewal Date: _____ Original Permit Issue Date: _____ Expiration Date: _____

Previous State Plan ID Number: _____ New State Plan ID Number: _____ Office Permit Number: SP- _____

____ ¼ ____ ¼, Section _____, T _____ N., R _____ E (or) W Town/Village/City of: _____

Lot _____ Block _____ Subdivision _____

SANITARY PERMIT OWNER:

Name: _____

Address: _____

City, State, Zip: _____

Owner Signature: _____

I, the undersigned, assume responsibility for installation of the private sewage system that has been previously approved for this property.

PLUMBER:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ MP/MPSRW#: _____

Issuing Agent Signature: _____ Date Approved: _____

RC-RENEW(03-01-03)