

# Application for Disposal System Abandonment Permit

Number \_\_\_\_\_

\$ \_\_\_\_\_  
Fee

**Application is hereby made for a permit to abandon existing septic system to  
connect to public sewer**

1. Location of Facility:

Address or Lot # \_\_\_\_\_

Assessor Map & Lot # \_\_\_\_\_ Sewer ID # \_\_\_\_\_

2. Owner Information

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

3. Installer Information

Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

4. Type of Building:

Dwelling

Other \_\_\_\_\_

\_\_\_\_\_ Gallons per Day design flow

5. Components to be Abandoned

Septic Tank \_\_\_\_\_

Pump Chamber \_\_\_\_\_

cesspool/leach pits/leach chamber \_\_\_\_\_

Tight Tank \_\_\_\_\_

Method of Abandonment \_\_\_\_\_

removal \_\_\_\_\_

Crush bottom & fill \_\_\_\_\_

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## Agreement

The undersigned agrees to abandon the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and assure inspection by the Board of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application Approved By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Application **Disapproved** for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_