

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:
