



**CHESPROCOTT HEALTH DISTRICT**

1220 WATERBURY ROAD • CHESHIRE • CONNECTICUT

PHONE (203) 272-2761 • FAX (203) 250-9412

[www.chesprocott.org](http://www.chesprocott.org)

**APPLICATION for SEPTIC ABANDONMENT**

Abandonment of subsurface sewage disposal system components (i.e. septic tank, hollow leaching structures) or cesspools shall be performed in such a manner as to eliminate the danger of the system components or structure inadvertently collapsing. The responsibility for abandonment lies with the property owner.

- Structures that are to be abandoned shall be empties of all sewage/wastewater prior to abandonment.
- A licensed Septic Pumper must pump out the septic tank and any hollow structures.
- Structures shall be filled with sand/gravel or crushed, and the, the area backfilled with clean soil.

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Sewage tank abandonment (Check one):

\_\_\_\_\_ New tank being installed under repair permit

\_\_\_\_\_ Residence connected to public sewer

\_\_\_\_\_ Structure being demolished/removed from property

Tank Abandoned (circle one): Y / N

Leaching type: \_\_\_\_\_ Abandoned ? (circle one): Y / N

Licensed pumper: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Abandonment performed by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I CERTIFY THAT THE SEPTIC/PUMP TANK(S) AT THE SITE ADDRESS LISTED ABOVE HAS BEEN ABANDONED. The information submitted above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Appointment to verify: \_\_\_\_\_

Fee Paid: \_\_\_\_\_