

TOWN OF SOUTHBOROUGH BOARD OF HEALTH
APPLICATION FOR ABANDONMENT OF A SEPTIC SYSTEM

FEE: **Residential System/Cesspool** **\$100.00** _____ **(per each facility)**
 Non-Residential System/Cesspool
 and Holding Tanks **\$150.00** _____ **(per each facility)**

310 CMR 15.354 Abandonment of Systems

- (1) Whenever the use of a system is discontinued following connection to a municipal or private sanitary sewer or following condemnation or demolition of a building served by the system, the system shall be considered abandoned and any further use of the system for any purpose shall be prohibited unless, after inspection, the approving authority determines the system is in compliance or can be brought into compliance with 310 CMR 15.00
- (2) Continued use of a septic tank where the tank is to become an integral part of a sanitary sewer system requires the prior written approval of the Department
- (3) The following procedure shall be used to abandon a system:
 - a) The facility owner shall apply to the approving authority to abandon the existing system citing the reason(s) abandonment is necessary, and where connection to municipal or private sanitary sewer has been made, a copy of the sewer connection permit shall be submitted with the application.
 - b) Upon receipt of the approving authority's written approval to abandon the system, the septic tank shall be pumped of its entire contents by a licensed septage hauler; and
 - c) The tank shall be excavated and removed from the site, or the bottom of the tank shall be opened or ruptured after being pumped of its content so as to prevent retainage of water and the tank shall be completely filled with clean sand

FACILITY OWNER NAME: _____

ADDRESS: _____

TELEPHONE #: _____

LOCATION OF FACILITY TO BE ABANDONED

STREET ADDRESS

INSTALLER WHO WILL BE PERFORMING THE ABANDONMENT:

NAME

LICENSE NUMBER

REASON FOR ABANDONMENT: _____

Copy of Sewer Connection Permit must be submitted with this application. If it is not submitted a detailed explanation of the reasons why must be elaborated upon here: _____

FOR BOARD OF HEALTH USE ONLY

Date: _____

Sewer Connection Permit/Approval
Has been received and is hereby approved:

Heather Alker, Public Health Director
Dennis M. Costello, Sanitary Inspector