



CITY OF GARDNER



OFFICE OF THE
BOARD OF HEALTH ROOM 29, CITY HALL
GARDNER, MASSACHUSETTS 01440
(978) 630-4013
FAX (978) 632-4682

FEE: \$50.00

Permit No. _____

Date: _____

REQUEST TO ABANDON SUBSURFACE SEWAGE DISPOSAL SYSTEM AND CERTIFICATION OF ABANDONMENT

Pursuant to regulation 15.354 of Title 5 of the State Sanitary Code: Standard Requirements of the Siting, Construction, Inspection, Upgrade and Expansion of On-Site Sewage Treatment and Disposal of Septage, I _____ Hereby request permission to abandon a subsurface sewage disposal system at:

Property Address

Property Owner

Address if different than property address

Telephone Number

The reason for abandonment is: _____ Connection to City's Sanitary Sewerage System
_____ Demolition of Property
_____ Construction of a new, a repair or and upgrade to an existing subsurface disposal system
_____ Other _____
(Explain)

On _____ the subsurface sewage disposal system has or will be pumped by:
(Date)

Contractor Name, Address, Telephone No.

On _____ the new sewer connection will be made by the following contractor:
(Date)

Contractor Name, Address, Telephone No.

On _____ Permit No. _____ was issued by the Gardner Sewer Department.

Signature of Property Owner or Agent of Owner

NOTE: The Property owner is responsible for calling the Board of Health Office for inspection of the abandoned system after tank/cesspool has been pumped and crushed, prior to backfilling with sand.

THIS SECTION FOR BOARD OF HEALTH USE ONLY

DATE OF INSPECTION _____ APPLICATION APPROVED: _____

APPLICATION DISAPPROVED: _____

ABANDONMENT APPROVED: _____ ABANDONMENT DISAPPROVED: _____

Board of Health Director

Date