Permit # _____
(if applicable)

Local Health District:

Sewage Treatment System Abandonment

Owner Information

Owner Name:	Phone Number:
Location Address:	
County:	Township:
Reason for abandonment:	

Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) will be abandoned in accordance with rule 3701-29-21 of the Ohio Administrative Code. The contents of the sewage treatment system or component(s) to be abandoned shall be disposed in accordance with rule 3701-29-20 of the Ohio Administrative Code.	
Signature of owner or authorized representative:	Date:

For office use only:

Permit Issue Date (if applicable):	Local Health District::

Abandonment Completion Report

Date completed:

System Contents *(Note: Completed pumping report must be attached)*

Registered Septage Hauler:	
Wastewater Disposal Site:	Solid Waste Disposal Site:

Abandoned Component(s) *(List all components abandoned and method of abandonment)*

Component 1: Filter	Method:
Component 2:	Method:
Component 3:	Method:
Component 4:	Method:

Person/Registered Installer Completing Abandonment

Signature:	Name (printed):

Local Health District Inspection **(if applicable)**

Sanitarian Signature:	Sanitarian Name (printed):	Date: