SEPTIC TANK/SEEPAGE PIT/CESPOOL ABANDONMENT FORM

Property Owner: ________________________________________________________________

Property Address: ________________________________________________________________

Block: ________________________          Lot: ________________

Mailing Address: __________________________________________________________________

Number of tanks to be abandoned: ________________      Size: ________________

Material used to fill tank: _____Sand _____Gravel _____Dirt

Company Name: _______________________________________________________________

Contractor’s Signature: __________________________________________________________

Note: Septic Tank must be pumped and receipts must be provided to health department

Please return completed form to the above address.

A site plan must be provided. The site plan must show the location of any structures/buildings, streets, and the location of the septic tank that is to be abandoned.

The Denville Division of Health must be notified 24 hours prior to conducting the tank abandonment.

For Office Use Only

Date received: _____________________________ Received by: _____________________________

Receipt for pumping received (Circle):       Yes       No

Date of Inspection: _____________________   Approved (Circle):     Yes      No

Notes: