



Town Of Sterling

Board of Health

Butterick Building
1 Park Street • Sterling, Massachusetts 01564

Bus: (978) 422-8111 x2305 • FAX: (978) 422-0289

PERMIT APPLICATION TO ABANDON AN EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM

LOCATION _____

OWNER _____

MAILING ADDRESS: _____

TELEPHONE (H) _____ (C) _____

DRAINLAYER/SEPTIC INSTALLER _____

TELEPHONE (C) _____

DESCRIBE THE EXISTING SYSTEM: _____

The undersigned agrees to abandon the on-site sewage disposal system at the above named address in accordance with the provisions of Title 5, 310CMR 15.354

Contact the Board of Health 24 hours prior to pumping at 978-422-8111 x2305 between 9am and 3pm Tuesday thru Thursday.

PLEASE NOTE: Sewer Connection 'As Built' is required.

SIGNATURE OF DRAINLAYER _____ DATE _____

SIGNATURE OF HOMEOWNER _____ DATE _____

ABANDONMENT WITNESSED BY BOARD OF HEALTH

SIGNATURE _____ DATE _____