

NATICK BOARD OF HEALTH 13 East Central St. NATICK, MA 01760	Telephone 508-647-6460 Fax 508-647-6466 health@natickma.org www.natickma.gov
--	---

APPLICATION TO ABANDON SEWAGE DISPOSAL SYSTEM

Abandonment Location Address: _____

Fee: _____

nonrefundable

Owner Name: _____

Owner Telephone: _____

Owner Mailing Address (if different): _____

Owner Email: _____

Contractor Name: _____

Address: _____

Email: _____

Telephone: _____

<p>Reason for Abandonment:</p> <p><input type="checkbox"/> Construct new/replaced/repaired on-site Individual Sewage Disposal System</p> <p><input type="checkbox"/> Connect to Public Sewer: With Ejector Pump: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>Type of Individual Sewage Disposal System:</p> <p><input type="checkbox"/> Building sewer</p> <p><input type="checkbox"/> Cesspool</p> <p><input type="checkbox"/> Septic Tank</p> <p><input type="checkbox"/> Other, specify: _____</p>
--	--

→ Submit this completed application and a check payable to the Town of Natick at the above address

→ Schedule a final pump out with a Natick BOH licensed Septage Hauler. The hauler is required to provide a written pump out report to the Natick BOH.

→ Schedule an appointment for a Natick Board of Health Agent to witness the abandonment. A minimum seventy-two hour notice is required.

→ Once the abandonment has been witnessed, any use of the system for any purpose is prohibited.

Applicant Signature: _____

Contractor Owner

<p>For Office Use Only: Permit #: _____</p> <p>This sewage disposal system has been abandoned in accordance with the provisions of 310 CMR 15.000 of the State Environmental Code, Title 5, and the Natick Board of Health Regulations.</p> <p>Health Agent Name & Signature: _____</p>	<p>Abandonment Time & Date: _____</p> <p>Health Agent Notes: _____</p>
---	--

