

## APPLICATION TO ABANDON A SEPTIC SYSTEM

Permit Fee \$50.00	
Date:	
Applicant's Name:Applicant's Address:Applicant's E-mail:Address of system:	
Reason for system abandonment (if connecting to City Sewer p Sewer Connection Permit):	blease attach a copy of the
System pumped by:	Date:
Applicant's signature:	
For Official Use Only:	
Date of Inspection:	
Tank has been pumped/removed or ruptured and filled with	n clean sand: Yes No
In accordance with 310 CMR 15.354, the Worcester Department approves the abandonment of the septic system located at:	ment of Inspectional Services
	Date:
Inspector:	Date:

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