



ENVIRONMENTAL HEALTH DIVISION
SEPTIC TANK ABANDONMENT RECORD

Applicant Name _____ Address _____

City _____ State _____ Zip _____

Applicant E-mail _____ Phone (H) _____ (C) _____

Owner Name _____ Address _____

City _____ State _____ Zip _____

Owner E-mail _____ Phone (H) _____ (C) _____

Contractor Name _____ Contractor E-mail _____

Phone (H) _____ (C) _____

Location: _____ Subdivision: _____

Parcel ID: _____ PIN# _____ Lot Size _____

House _____ Mobile Home _____ Business _____ Other _____

Tank/Tanks to be Abandoned:

Septic Tank _____

Pump Tank _____

OFFICE USE ONLY

_____ Date _____

Abandonment Inspection by:

_____ Date _____

Tank Abandonment by:

_____ Date _____

Pump tank or tanks, crush top and collapse sidewalls, apply powdered lime to tank hole, back-fill hole with soil material.

Notes: _____
