



BOARD OF HEALTH
120 Main Street
North Andover, MA 01845
978-688-9540

*APPLICATION FOR ABANDONMENT
OF SUBSURFACE DISPOSAL SYSTEM
(SEPTIC SYSTEM)*

*Pursuant to Section 310 CMR 15.354
Of the State Environmental Code, Title V*

Name _____ Phone _____

Address _____

Contractor hired for work:

Name _____ Phone _____

Address _____

Date for scheduled abandonment _____

The septic system at the above address has been abandoned according to Title V specifications.

Signature of Contractor

Method of septic tank abandonment (check one). () removal () sandfill () crush () other

Name of Offal Hauler _____

This form must be returned to the North Andover Board of Health.

**PLEASE DO NOT WRITE IN THE SPACE BELOW
FOR HEALTH REPRESENTATIVES ONLY**

Inspecting Agent

Date