

FAIRHAVEN BOARD OF HEALTH
SEPTIC SYSTEM ABANDONMENT PERMIT

The undersigned licensed drainlayer acknowledges that:

1. _____ Have been given a copy of any retrievable Board of Health records indicating the locations of any documented wastewater disposal components on the property. If there are no plans of record the drainlayer must trace the wastewater pipe(s) from the building and locate all components for proper abandonment.

2. The entire wastewater flow from the building must be connected to the municipal sewer. The undersigned has inspected the building interior and verified the following applies:

_____ No interior plumbing will be required to connect the entire wastewater flow from the building to the municipal sewer system.

_____ Interior plumbing will be required to connect the entire wastewater flow from the building to the municipal sewer system (a licensed plumber will secure the necessary permits and arrange for an inspection from the Plumbing Department).

_____ Unable to accurately determine that all wastewater is connected to the proposed sewer connection. A flow check from each plumbing fixture will be made when the sewer pipe is open.

3. I agree to safely and securely abandon the existing septic system(s) in accordance with all pertinent regulations.

All septic tanks and chamber type leaching components (such as cesspools, galleries or leaching pits) must be pumped of their contents by a licensed septage hauler.

The tank and any leaching chambers must be removed from the site to an approved disposal site. As an alternative, the bottom of any tank may be ruptured and the tank filled with clean sand. Any leaching chambers may also be filled with clean sand.

The undersigned, a licensed drainlayer in the Town of Fairhaven, has been granted a permit to abandon the

Septic system at _____ (Please print)

Currently owned by _____ (Please print)

The undersigned has completed the above and a **Sewer Tie-In Completion Notice** from the BPW will be received by the Board of Health within fourteen (14) days of completion of the sewer connection

Company Name (print) _____

Licensed Drainlayer (print) _____

Signature: Drainlayer _____ Or Homeowner _____

Drainlayer Address _____ Phone # _____

Permit # _____

Issue Date: _____

Fee \$10.00

By: _____ Fairhaven Board of Health