

## FAIRHAVEN BOARD OF HEALTH SEPTIC SYSTEM ABANDONMENT PERMIT



The undersigned licensed drainlayer acknowledges that:

By: Fairhaven Board of Health		ard of Health	
Abandonment #:	Issue Date		
Drainlayer Address	Telephone #		
Signature: Drainlayer	OR Homeowner		
Licensed Drainlayer (print)			
Company Name (print)			
The undersigned has completed the above a be received by the Board of Health within fo			
Currently owned by		(Please print)	
Septic system at		_ (Please print)	
The undersigned, a licensed drainlayer in th	ne Town of Fairhaven, has been gra	anted a permit to abandon	
leaching pits) must be pum The tank and any leaching of disposal site. As an alternat	er type leaching components (such sped of their contents by a licensed chambers must be removed from t tive, the bottom of any tank may be leaching chambers may also be fille	septage hauler. The site to an approved e ruptured and the tank	
<ol><li>I agree to safely and securely aband pertinent regulations.</li></ol>			
the building to the municipa Interior plumbing w building to the municipal se permits and arrange for an Unable to accuratel	ig will be required to connect the end sewer system.  will be required to connect the entirewer system (a licensed plumber winspection from the Plumbing Department of the plumbing Department of the plumbing of the plumbing fixture wineck from each plumbing fixture wines.	e wastewater flow from the ill secure the necessary artment). connected to the proposed	
The entire wastewater flow from the undersigned has inspected the build.			
Have been given a copy of a locations of any documented waster plans of record, the drainlayer must components for proper abandonments.	water disposal components on the trace the wastewater pipe(s) from	property. If there are no	