



KIMBERLEY DRISCOLL
MAYOR

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HEALTH AGENT

CITY OF SALEM, MASSACHUSETTS
BOARD OF HEALTH
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Fee: \$50.00

**Application for Abandonment of Subsurface
Disposal System**

I, _____ herewith apply for a permit to abandon the

Sub-surface sewage disposal system located at _____

Name of Licensed Drain layer: _____

Phone Number: _____

If tank needs emptying, name of Septage hauler: _____

(Septage hauler must be licensed by the Salem Board of Health, copy of the Pumping record has to be provided at time of abandonment)

Date: _____

Signed: _____
(owner/applicant)

FOR OFFICIAL USE ONLY

Amount received _____ BY: _____

Date Abandoned: _____ Witnessed By : _____