



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
98 WASHINGTON STREET, 3RD FLOOR  
SALEM, MA 01970  
TEL. (978) 741-1800  
[health@salem.com](mailto:health@salem.com)



**Public Health**  
Prevent. Promote. Protect.

DOMINICK PANGALLO  
MAYOR

DAVID GREENBAUM, RS, CHO  
HEALTH AGENT

**Application for Abandonment of Subsurface  
Disposal System**

**Fee: \$50.00**

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: \_\_\_\_\_