



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

Tel: (508) 636-1015
Fax: (508) 636-1016
Health@Westport-MA.gov

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

SEPTIC ABANDONMENT PERMIT APPLICATION

Per Massachusetts Title V 310 CMR 15.354

Fee: \$100.00

Date:
Property Address:
Property Owner(s):
Phone Number:
Email
Licensed Disposal System Installer:
Business Name:
Business Address:
Business Phone:
Business Email
Licensed Septic Pumper:
Business Name:
Business Address:
Business Phone:
Business Email:

Reason for abandonment, please indicate with a ✓:

_____ Complete Septic Replacement _____ Component Replacement
_____ Demolition of building _____ Condemnation of building
_____ Other (please specify): _____

BOARD OF HEALTH USE ONLY

1.) Were tank/cesspool/pits pumped by licensed pumper? _____

2.) Were tank/cesspool/pits removed or destroyed in place? _____

If destroyed:

- Was the tank/cesspool/pits cover removed? _____
- Was the tank/cesspool/pits bottom broken? _____
- Were tank/cesspool/pits sidewalls collapsed? _____
- Were all components that contain large empty voids (i.e., tanks, cesspools, leaching pits) filled with clean fill according to MA Title V 15.354 so that there is no risk of future cave ins. "Clean fill" can include uncontaminated soil found elsewhere on the site (i.e., from the sewer line trench).

Approved by Board of Health: _____ Date: _____