



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Application to Abandon Septic System

Fee: \$75

Check to be Made Payable to the Town of Sturbridge

Name of owner/applicant: _____

Phone Number: _____ Email address: _____

Property address: _____

Reason for abandoning system:

* If connecting to municipal sewer, please attach copy of the sewer connection permit

Tank will be: Check one

- ☐ Excavated and removed
- ☐ Pumped, bottom opened/ruptured, and filled with clean sand/suitable material

Owner/Applicant Signature _____ Date _____

Approved by: _____ Date _____