

Local Health District:

# Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)

Audit Sticker (if applicable)

The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.

## Property Information

Location Address: Township: County: Reason for abandonment:

## Owner Information

Owner Name: Phone Number: Mailing Address:

## Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) will be abandoned in accordance with rule 3701-29-21 of the Ohio Administrative Code. Signature of owner or authorized representative: Date:

### For office use only:

Permit Issue Date (if applicable): Sanitarian Name (printed): Sanitarian Signature:

# Abandonment Completion Report

Date completed:

## System Contents (Note: Completed pumping report must be attached)

Registered Septage Hauler: Wastewater Disposal Site: Solid Waste Disposal Site:

## Abandoned Component(s) (List all components abandoned and method of abandonment)

Component 1: Method: Component 2: Method: Component 3: Method: Component 4: Method:

## Person/Registered Installer Completing Abandonment

Signature: Name (printed):

## Local Health District Inspection (if applicable)

Sanitarian Signature: Sanitarian Name (printed): Date: