

# MILLIS BOARD OF HEALTH

Number \_\_\_\_\_

Fee \_\_\_\_\_

Application for Abandonment of Subsurface Sewage Disposal System/Cesspool

Application is hereby made for a permit to abandon a subsurface sewage disposal system or cesspool at:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Owner

By:

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Licensed Septage Hauler

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Type of subsurface sewage disposal system to be abandoned: (please check appropriate box)

Cesspool       Septic Tank       Septic Pits/Chambers       Others

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## APPROVAL:

\_\_\_\_\_  
Board of Health

\_\_\_\_\_  
Date

**NOTE:** Please detach the Certification of Abandonment at the bottom of this page and return to Millis Board of Health within 7 days of the municipal sewer connection.

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# MILLIS BOARD OF HEALTH

Certification of Abandonment  
Subsurface Sewage Disposal Unit

Location: \_\_\_\_\_

Name of Homeowner: \_\_\_\_\_

I hereby certify that I have "pumped out" and removed all septage waste from the septic tank(s), cesspool, pit(s) and chamber(s).

I further certify that all the subsurface sewage disposal unit parts mentioned above have been filled in with crushed stone or gravel or completely crushed to prevent voids.

\_\_\_\_\_  
Licensed Drain Layer/Licensed Septage Hauler

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date