



**Department of Inspectional Services
Worcester, Massachusetts**

Air, Water and Hazardous Materials Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

APPLICATION TO ABANDON A SEPTIC SYSTEM

Date: _____

Applicant's name: _____

Applicant's address: _____

E-mail address: _____

Address of system: _____

Reason for system abandonment (if connecting to City Sewer, please attach a copy of the Sewer Connection Permit):

System pumped by: _____ Date: _____

Applicant's signature: _____

For Official Use Only:

Date of Inspection: _____

Tank has been pumped and removed or ruptured and filled with clean sand.

____ Yes ____ No

In accordance with 310 CMR 15.354, the Worcester Department of Inspectional Services approves the abandonment of the septic system located at:

_____ on _____
(date)

Inspector Date