

Sewage Treatment System Abandonment

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| <p>Local Health District:</p> <p>Erie County General Health District 420 Superior Street Sandusky, OH 44870</p> <p>\$50 abandonment fee must accompany this form No Personal checks are accepted</p> |
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Owner Information

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| Owner Name: | Phone Number: |
| Location Address: | |
| County: | Township: |
| Reason for abandonment: | |

Applicant Statement of Compliance

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| <p>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. The contents of the sewage treatment system or component(s) to be abandoned shall be disposed in accordance with rule 3701-29-20 of the Ohio Administrative Code.</p> | |
| Signature of owner or authorized representative: | Date: |

For office use only:

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| Permit Issue Date (if applicable): | Local Health District: |
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Abandonment Completion Report

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|-----------------|
| Date completed: |
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System Contents *(Note: Completed pumping report must be attached)*

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

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

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| Component 1: Filter | Method: |
| Component 2: | Method: |
| Component 3: | Method: |
| Component 4: | Method: |

Person/Registered Installer Completing Abandonment

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|------------|-----------------|
| Signature: | Name (printed): |
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Local Health District Inspection *(if applicable)*

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| Sanitarian Signature: | Sanitarian Name (printed): | Date: |
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