



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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Public Health
Prevent. Promote. Protect.

KIMBERLEY DRISCOLL
MAYOR

DAVID GREENBAUM
HEALTH AGENT

**Application for Abandonment of Subsurface
Disposal System**

Fee: \$50.00

I, _____ herewith apply for a permit to abandon the
Sub-surface sewage disposal system located at _____

Name of licensed drain layer: _____

Phone Number: _____

If tank needs emptying, name of septage hauler: _____

(Septage hauler must be licensed by the Salem Board of Health, copy of the Pumping record has to be provided at time of abandonment)

Date: _____

Signed: _____
(owner/applicant)

FOR OFFICIAL USE ONLY

Amount received: _____ By: _____

Date abandoned: _____ Witnessed by: _____