



DOMINICK PANGALLO  
MAYOR

## CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
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**Public Health**  
Prevent. Promote. Protect.

DAVID GREENBAUM, RS, CHO  
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)

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### **FOR OFFICIAL USE ONLY**

Amount received: \_\_\_\_\_ By: \_\_\_\_\_

Date abandoned: \_\_\_\_\_ Witnessed by: \_\_\_\_\_