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Sewage Disposal System Abandonment Application

Complete the application below to abandon an existing sewage disposal system.

Date: _____

Owner's Information

Name of Property Owner: _____

Address: _____

Phone Number: _____ Email: _____

Sewage Disposal System Location

Address where the sewage disposal system is located: Check if address is the same as above _____

Installer / Contractor Information

Name of Installer / Contractor: _____

Address: _____

Phone Number: _____ Email: _____

Reason for the Abandonment:

- Connect to Municipal Sanitary Sewer Construct a **NEW** onsite individual sewage disposal system
- Other – Specify: _____

If the above listed property (where the sewage disposal system is to be abandoned) is being connected to a private or municipal sanitary sewer system, **a copy of the sewer connection must be submitted with this application.**

The following steps are required in order to properly abandon the existing sewage disposal system:

1. The septic tank shall be pumped of its entire contents by a licensed septic / sewage hauler.
2. The tank shall be excavated and removed from the site.
3. The bottom of the tank shall be opened or ruptured after being pumped of its contents to prevent retainage of water.
4. The tank shall be completely filled with clean sand, common fill or other suitable material approved in writing by the Board of Health.

Proper abandonment of the septic tank or cesspool must be witnessed by the Framingham Department of Public Health. **Please provide at least two days (48 hours) advance notice.** Once the abandonment has been witness, further use of the system for any purpose is prohibited and a Certificate of Sewage Disposal System Abandonment will be issued.

Proposed Date of Scheduled Abandonment: _____ Time: _____

Signature: _____ Print: _____

Submit the following:

- Completed Septic System Abandonment Application.
- Fee of \$25.00** made payable to the "City of Framingham". At this time, credit cards are not accepted. All fees are non-refundable.
- A copy of the septic / sewage hauler pump report for the above sewage system disposal abandonment.

For Official Use Only

Name of Inspector: _____ Signature: _____

Date Abandonment was witnessed: _____ Time: _____

Date Certificate of Septic Abandonment was issued: _____

Additional Notes: _____
