



Dedicated to Your Health
Frances M. Veverka, MPH
Health Commissioner

Delaware General Health District

1and 3 West Winter Street P.O. Box 570 Delaware, Ohio 43015-0570

(740) 368-1700 Fax: (740) 368-1736

Email: Delawarehealth@delawarehealth.org www.delawarehealth.org

Septic Tank Abandonment Procedure

- 1) Complete the attached Application Page. All applicable information must be completed. The application will not be processed without a property street address.
- 2) A Site Plan must be provided. The site plan must show the location of any structures/buildings, streets, and the location of the septic tank that is to be abandoned.
- 3) A fee of **\$50.00**. Checks should be made payable to the Delaware General Health District.
- 4) Notify the Delaware General Health District (DGHD) 24 hours prior to conducting the tank abandonment. If at all possible, arrangements will be made to have a Sanitarian on site to witness the abandonment. *If no Sanitarian is available, conduct the abandonment, mark where the tank was with a flag or stake, and return the signed and notarized "Abandonment Certification Form" to the DGHD.*
 - A) The tank shall be pumped out by a registered septic service provider. A copy of the receipt for the pumping must be submitted.
 - B) The bottom of the tank shall be crushed or caved in, or multiple holes punched in bottom of tank to prevent the tank from holding water.
 - C) Tank shall be filled with clean sand or other clean fill material.



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APPLICATION FOR SEPTIC TANK ABANDONMENT

APPLICANT: _____ TELEPHONE: _____

OWNER: _____ TELEPHONE: _____

APPLICANT MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

NUMBER OF TANKS TO BE ABANDONED: _____ SIZE: _____

REASON FOR ABANDONMENT:

CONNECTED TO SANITARY SEWER DATE: _____

REPLACED TANKS DATE : _____

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

IF COMMERCIAL, LIST BUSINESS NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

DGHD APPROVAL: _____ DATE: _____

For office use only below this line

Receipt for pumping received? Yes No Date: _____ Receipt Number: _____

Date of inspection: _____

Sanitarian Signature: _____ Date: _____



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SEPTIC ABANDONMENT CERTIFICATION

(To be completed and returned when the abandonment was NOT witnessed by a Sanitarian of the DGHD)

Applicant Name: _____

Owner Name: _____

Street Address: _____ City _____

State _____ Zip _____

I certify that septic for the above address has completed in full including, but not limited to pumping of the tank, rupturing the tank bottom and filling with clean, suitable material.

Tank (s) / / Company Name:
Pumped: _____

Tank Crushed/Filled / / Company Name: _____

Size of Tank(s), if known: _____

Printed name of person making statement

Telephone

Signature of person making statement

/ /
Date

Sworn to (or affirmed) before me on: _____ / /

Printed Name of Notary Public

Signature of Notary Public

Stamp:

