



Septic Tank/System Abandonment Application
Fee \$25.00 (ESOGAF)

In accordance with Ohio Administrative Code 3701-29-21 (A): A Sewage Treatment System (STS) or applicable component of the STS shall be disconnected from the dwelling and properly abandoned when it is no longer in use due to connection to sanitary sewer, system replacement, the existence of a physical hazard or public health nuisance, change in the use of the lot, or as otherwise ordered by a board of health.

Section (F) states : Any person who abandons a STS shall obtain a permit....

Property Information:

Owner's Name(s): _____

Owner's Address: _____

City, State & Zip: _____

Abandoned System address (if different from above): _____

City, State & Zip: _____

Person/Company abandoning the system/septic tank: _____

Contact Number: _____

Signature

Date



Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program

(614) 644-7551

BEH@odh.ohio.gov

Sewage Treatment System Abandonment Report

(ESOGAF)

Owner Information

Owner Name:

Location Address:

County:

Township:

Reason for abandonment:

System Contents *(Note: Completed pumping report must be attached)*

Registered Septage Hauler:	
Wastewater Disposal Site:	
Solid Waste Disposal Site:	
Person/Registered Installer completing abandonment:	

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

Component 1:		Method:	
Component 2:		Method:	
Component 3:		Method:	
Component 4:		Method:	

Statement of Compliance

I agree the household sewage treatment system or component(s) have been/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.

Signature of owner or authorized representative:

Date abandonment completed:

For office use only:

Date received:	Abandonment permit number (if applicable):
Date of inspection (if applicable):	Local Health District:
Sanitarian Name (printed):	Sanitarian Signature: