



TOWN OF SALISBURY

Health Department
5 Beach Road
Salisbury, MA 01952
Phone: 978-462-7839

Septic Abandonment Permit Per Massachusetts Title 5, 310 CMR 15.354

Date: _____

NO FEE

Property Address: _____

Property Owner(s): _____

Phone: _____ Email: _____

Licensed Disposal System Installer: _____

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Licensed Septage Hauler: _____

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Reason for abandonment:

____ Connection to municipal sewer system ____ Demolition of building

____ Condemnation of building ____ Other (please specify) _____

Were tank(s) / cesspool / pits pumped by licensed septage hauler? _____

Description of how system will be abandoned (please be specific): _____

Application approved by Health Department: _____ Date: _____

For Salisbury Health Department and/or Sewer Department Official:

Pictures received: _____

Approved on: _____ Approved by: _____