



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

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: