

CAROLINE CALDERONE BAISLEY  
DIRECTOR OF HEALTH



MICHAEL LONG, Director  
DIVISION OF ENVIRONMENTAL SERVICES  
DOUGLAS SERAFIN, Laboratory  
DEBORAH TRAVERS, Acting Director  
DIVISION OF FAMILY HEALTH  
THOMAS MAHONEY, Director  
SPECIAL CLINICAL SERVICES  
STEPHANIE PAULMENO, Director  
COMMUNITY HEALTH PLANNING

## DEPARTMENT OF HEALTH

### Septic System Abandonment Form

Dear Homeowner:

Your house is scheduled to be connected to the town sewer system; you are required by the Connecticut Public Health Code to have the existing septic tank and/or hollow leaching structures abandoned in such a manner as to eliminate the danger of the structure inadvertently collapsing in the future and causing serious injury to someone. As per the Technical Standards for the Design and Construction of Subsurface Sewage Disposal Systems Pursuant to Section 19-13-B103, 1/1/00 Revision: "The responsibility for abandonment lies with the property owner. When the structures are abandoned the property owner shall take steps to empty the chamber of all septage wastes and the either have the chamber filled with clean sand and gravel, or crush the structure and backfill the area with clean soil".

Prior to issuance of the final Sewer Division Certificate of Occupancy, the tank and/or hollow leaching field must be abandoned, and this letter of confirmation must be signed by the homeowner and the contractor in the appropriate spaces below.

Copies 1.WHITE and 2.YELLOW of this form must be returned to the Sewer Division at 101 Field Point Road, Greenwich, CT 06830. The homeowner and the contractor should retain their copies. Thank you for your cooperation.

Property Owner: \_\_\_\_\_ Parcel Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the responsibility for abandonment of the existing septic tank and/or hollow leaching structures is my responsibility as set forth in the Connecticut Public Health Code.

Owner's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

I attest that I have abandoned the septic tank and/or hollow leaching structures at the above property as required by Connecticut Public Health Code.

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

1.WHITE-Sewer Department

2.YELLOW-Health Department

3.PINK-Homeowner

4.GOLDEN-Contractor