



SEWAGE TREATMENT SYSTEM ABANDONMENT PERMIT APPLICATION

HOCKING COUNTY HEALTH DEPARTMENT

350 ST. RT. 664 NORTH, LOGAN, OH 43138

PH: 740-385-3030 EXT. 2 ♦ FAX: 740-385-2252 ♦ www.hockingcountyhealthdepartment.com

Site Address: _____ City: _____

Township: _____ Subdivision/Lot #: _____

Owner/Applicant: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Directions to site: _____

I, the owner or owner's representative, agree to allow representatives of the Hocking County Health Department access to the described parcel to perform necessary tests and observations. I further agree to, have a Registered Septage Hauler pump out the system and abandon it according to the directions below.

OWNER'S SIGNATURE: _____ DATE: _____

***** Locate all utilities prior to digging - To Dig: 800-362-2764 *****

- All septic tanks, dosing tanks, and/or pretreatment components must be pumped out by a Registered Septage Hauler and a pump record submitted to this office. Please contact this office for a list of Registered Septage Haulers or visit our website.
- All tanks must be removed or the bottom and at least one side collapsed to ensure they will drain water. An inspection by this office is required at this point so please call to schedule one.
- After the inspection, tanks must be filled with inert material (sand, gravel, dirt, etc.) to ground level. Inert material must be on site for the inspection.
- Leaching field material is not required to be removed but all distribution devices should be removed or collapsed.
- Outlet filters, filter media, or other system components including distribution devices must be double bagged and disposed of at an approved solid waste facility or through a solid waste hauler.

Health Department Use Only:

ST5 Abandonment Permit (\$25) _____ Receipt # _____ Date _____

Inspection by: _____ Date: _____ Crushed/Filled In? Y N

Backfilled? Y N Pumped by: _____

Notes: _____