

APPLICATION FOR HOUSEHOLD SEWAGE SYSTEM ABANDONMENT

PROPERTY: _____
(Address) (City) (Zip Code)

HOMEOWNER: _____ PHONE# _____

NO. OF TANKS _____ TYPE OF TANKS (CONCRETE, PLASTIC, ETC.) _____ SIZE (GALLONS) _____

TYPE OF SYSTEM (AERATION SYSTEM, FILTER BED, ETC.) _____

SYSTEM LOCATION _____

SIGNATURE: _____ DATE: _____
(PROPERTY OWNER/CONTRACTOR)

CONTRACTOR: _____ PHONE #: _____

OWNER/OPERATOR NAME: _____ FAX #: _____

ADDRESS: _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

ARE YOU CURRENTLY LICENSED WITH THE CUYAHOGA COUNTY DEPT. OF PUBLIC WORKS? (CIRCLE ONE) YES NO

≈ MAKE CHECKS PAYABLE TO THE CUYAHOGA COUNTY BOARD OF HEALTH ≈

HOUSEHOLD SEWAGE SYSTEM ABANDONMENT FEE \$175.00

ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF **TEN DOLLARS (\$10.00)**

FOR OFFICE USE ONLY

APPROVED BY _____ DATE _____ PERMIT # _____

FEE PAID \$ _____ LOG# _____

