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:

Abandonment permit number (if applicable):
Local Health District:
Sanitarian Name (printed): Sanitarian Signature:

For office use only:
Date received: Date of inspection (if applicable):
Abandonment permit number (if applicable): Local Health District:
Sanitarian Name (printed): Sanitarian Signature: