

Permit # \_\_\_\_\_  
(if applicable)

Local Health District:  
Wood County Health District  
1840 E. Gypsy Lane  
Bowling Green, Ohio 43402-9173

# Sewage Treatment System Abandonment

## Owner Information

Owner Name:		Phone Number:
Location Address:		
County:	Township:	
Reason for abandonment:		

## Applicant Statement of Compliance

I agree the household sewage treatment system or component(s) 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:
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**For office use only:**

Permit Issue Date (if applicable):	Local Health District::
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## Abandonment Completion Report

Date completed: \_\_\_\_\_

### System Contents *(Note: Completed pumping report must be attached)*

Registered Septage Hauler:	
Wastewater Disposal Site:	Solid Waste Disposal Site:

### Abandoned Component(s) *(List all components abandoned and method of abandonment)*

Component 1: <b>Filter</b>	Method:
Component 2:	Method:
Component 3:	Method:
Component 4:	Method:

### Person/Registered Installer Completing Abandonment

Signature:	Name (printed):
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### Local Health District Inspection *(if applicable)*

Sanitarian Signature:	Sanitarian Name (printed):	Date:
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