



TOWN OF MILLIS

BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

Application for Abandonment of Sewage Disposal System Fee \$ 64.00

Owner's Name: _____

Owner's Address: _____

Drainlayer: _____

Telephone No: _____ Email: _____

Licensed Septic Hauler: _____

Septage Hauler Slip must be sent to the BOH for this application to be finalized*

Type of subsurface sewage disposal system to be abandoned: (please check appropriate box)

☐ Cesspool

☐ Septic Tank

☐ Septic Pits/Chambers

☐ Other

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I hereby certify that we will have all septage waste removed "pumped out" from the septic tanks(s), cesspool, pit(s) and chamber(s). I also certify that that previous mentioned components have been either removed, crushed or bottom must be ruptured after contents have been pumped.

I further certify that all the subsurface sewage disposal units parts mentioned above have been filled with **clean fill** according to MA Title 5, 310CMR 15.354 so that there is no voids that would risk of future cave-ins.

I acknowledge that the abandonment must be witnessed by an Agent of the Board of Health.

Date: _____ Drainlayer: _____

Signature: _____

ABANDONMENT MUST BE WITNESSED BY AGENT OF THE BOARD OF HEALTH:

Signature of BOH: _____ Date: _____