



CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

SEPTIC SYSTEM ABANDONMENT CERTIFICATION

ABANDONMENT PERMIT NO.: _____ ISSUED: _____

LOCATION OWNER: _____

LOCATION ADDRESS: _____

I, the undersigned, a licensed drainlayer in the CITY OF NEW BEDFORD, have completed the sewer connection at the above location.

In accordance with Commonwealth of Massachusetts – CMR 310 section 354; all septic system components have been:

Please check appropriate lines:

_____ **Properly *pumped and removed on :**

DATE: _____ ***(Please provide the receipt.)**

SEPTAGE HAULER NAME: _____

_____ **Pumped and filled with clean *sand after rupturing the bottom of any solid tanks. (* Please provide a receipt for sand)**

AND

_____ **I have verified all wastewater from the building is connected to the municipal sewer connection.**

Date of Completion: _____

Company name: _____

Licensed Drainlayer- Please Print: _____

*Drainlayer Signature: _____

Drainlayer Address: _____

Tel: _____

***This certification statement must be completed and submitted to the Environmental Health Division at the address below within seven (7) days of completion of the sewer connection.**