



Sewage Treatment System Abandonment Application

Sewage Connection Contractor: _____

Address: _____

Office Phone #: _____ Mobile Phone #: _____

Pumped by (licensed sewage hauler): _____

Type of Sewage System:

Septic Tank Aeration Holding Tank Other: _____

Size / # of Tanks: _____

Type of Fill Material:

Gravel Soil Sand Other: _____

Sanitarian: _____

Date: ____ / ____ / ____

Current owner of record: _____

PID: _____

Property address: _____

Phone #: _____

When abandoning a sewage system, the sewage system shall be pumped empty by a licensed sewage hauler. Where applicable the top of the sewage system is to be crushed in, and filled to the ground surface with inert material acceptable to Columbus Public Health.

**Please return the completed form along with \$75.00 made payable to:
Columbus City Treasurer**