

**Local Health District:**

MIDDLETOWN CITY HEALTH DISTRICT  
 DEPT. OF HEALTH & ENVIRONMENT  
 1 DONHAM PLAZA  
 MIDDLETOWN, OH 45042-1997

# Sewage Treatment System (STS) Abandonment Permit/Report

Permit # (if applicable)

Audit Sticker (if applicable)

*The permit with the original audit sticker and signatures must stay with the local health district. A copy must be given to the applicant at the time the permit is issued. The report must be completed and submitted to the local health district.*

**Property Information**

Location Address:	Township:	County:
Reason for abandonment:		

**Owner Information**

Owner Name:	Phone Number:
Mailing Address:	

**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):	Sanitarian Name (printed):	Sanitarian Signature:
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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:	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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