

UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health
151 South University Avenue, Suite 2600
Provo, Utah 84601 851-7525

WW File No.

SEPTIC TANK ABANDONMENT APPLICATION AND PERMIT

Applicant Name _____ Owner Name _____

Address of Tank _____ City _____

Day Phone _____ Other Phone _____

Original WW File Location _____

Reason For Abandonment Connect to Sewer Failed System Replacing Home Other _____

In consideration of applying for this permit, I hereby agree to each of the following conditions and waive all objections thereto:

1. Prior to covering the abandoned septic tank, it shall be inspected by the Utah County Health Department.
2. A receipt shall be provided from the pumping service as evidence of removal of its contents.
3. During the term of this permit, I will allow Health Department inspectors access to the property during normal working hours to conduct such inspections as may be necessary to prove compliance with health codes. I specifically waive any right to demand issuance of a search warrant or other investigative order prior to such inspections by the Health Department.
4. The abandonment procedures and arrangement for the Health Department inspection will be completed within 30 days of this application.

Signature of Applicant _____ Date _____

Amount Paid _____ Date Paid _____ Payment Type: Check Cash Card Other

Pumping Service Used _____ Address _____

Date Serviced _____ Receipt Provided from Pumper? Yes No

Excavator Used _____

Septic tank abandonment method used Filled In Place Crushed and Filled in Place Removed

If Removed, Disposal Site _____

Health Department Inspector Signature _____

Date of Inspection _____

Observations _____