

**APPLICATION FOR SEPTIC TANK ABANDONMENT AND PERMIT**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Applicant Name:</b>			
<b>Owner Name:</b>			
<b>Address of Tank:</b>		<b>City:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Original Wastewater File Location:</b>			

**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: \_\_\_\_\_

<b>Name of Pumping Service Used:</b>					
<b>Address:</b>		<b>City:</b>		<b>Zip:</b>	
<b>Date Serviced:</b>		<b>Receipt Provided from Pumper?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Excavator Used:</b>					
<b>Septic Tank Abandonment Method Used:</b>					
<input type="checkbox"/> Filled In Place	<input type="checkbox"/> Crushed and Filled In Placed	<input type="checkbox"/> Removed			

If Removed, Disposal Site:

\_\_\_\_\_

**Health Department Inspector Signature:** \_\_\_\_\_

**Date of Inspection:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Observations:** \_\_\_\_\_

OFFICE USE ONLY					
<b>Received By:</b>		<b>Payment Date:</b>		<b>Amount Paid:</b>	\$
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #:		<input type="checkbox"/> Credit / Debit	<b>Approval Number:</b>	