



TOWN OF DOVER
BOARD OF HEALTH
5 Springdale Avenue
P.O. Box 250
Dover, MA 02030

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APPLICATION FOR PERMIT TO ABANDON SUBSURFACE
SEWAGE DISPOSAL SYSTEM

PERMIT IS VALID FOR 1 YEAR FROM DATE OF ISSUE - ALL FEES ARE NON-REFUNDABLE

FEE: \$225.00 Date: _____ Permit No. _____

Name of Property Owner: _____

Address where system is located: _____

Telephone: _____ E-MAIL: _____

Contractor: _____ Phone: _____

Explain the reason(s) abandonment is necessary, and where the connection to private sanitary sewer will be or has been made:

1. Disconnection and capping off the sewage pipe. The Board of Health Agent must be able to view the detached sewage pipe. The disconnection must be made after the water service to the structure has been disconnected.
2. The cesspool/septic tank must be pumped of its entire contents by a licensed septage hauler permitted to operate in the Town of Dover, MA.
3. The tank shall be excavated and removed from the site, or the bottom of the tank shall be opened or ruptured after being pumped of its contents, so as to prevent retention of water and the tank shall be completely filled with clean sand, or the cesspool may be crushed in place with a layer of sand on the bottom and back-filled.

Health Director: _____ Date: _____