Local Health District:
Trumbull County Combined Health District 194 W. Main St. Cortland, OH 44410

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:

For office use only:

Permit Issue Date (if applicable):	Sanitarian Name (printed):	Sanitarian Signature:

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):

Local Health District Inspection (if applicable)

Sanitarian Signature:	Sanitarian Name (printed):	Date: