



WEST BOYLSTON BOARD OF HEALTH
140 WORCESTER STREET
WEST BOYLSTON, MA 01583
TELEPHONE/FAX: 774-261-4075



**APPLICATION FOR A PERMIT TO ABANDON AN EXISTING
ON-SITE SEWAGE DISPOSAL SYSTEM**

Fee: \$150.00 must be submitted to the Board of Health with this application.

(Check payable to the Town of West Boylston)

Location: _____

Owner: _____

Drainlayer/Septic Installer: _____

Describe the existing system: _____

The undersigned agrees to abandon the on-site sewage disposal system at the above referenced address in accordance with the provisions of Title 5, 310 CMR 15.354(a) (b)(c).

Contact the Board of Health **48 hours prior** to pumping/abandonment process at **774-261-4075** **between 8am and noon** to arrange for inspection.

Be advised that there is a fine for non-compliance with this process.

Signed _____ Date: _____

To be signed by the Drainlayer or Septic Installer

Abandonment witnessed by: _____ Date: _____

Board of Health Member or designee