



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

**APPLICATION FOR ABANDONMENT OF
ON-SITE SEPTIC SYSTEM/CESSPOOL
For SEWER CONNECTION TIE-IN**
(In accordance with 310 CMR 15.354)

\$100 Fee – check made payable to Town of Foxborough
NO REFUNDS OR TRANSFER OF FUNDS

For office use only
BHP - _____
Date Rcvd _____
Check # _____

Property Owner: _____ Phone #: _____

Owner's Address: _____

Property Address (if different): _____

Installer: _____

***Scheduled Inspection Date with Board of Health Inspector:** _____
(An inspection must be scheduled prior to work being done on property)

In accordance with Title 5 Regulations, I acknowledge the following must be completed:

____ Septic tank/cesspool must be pumped. Documentation of the pumping must be submitted to the Board of Health Office.

____ Tank/Cesspool must be excavated and removed from the site OR the bottom must be ruptured after contents have been pumped and completely filled with suitable material approved by the Board of Health.

____ A sketch of the property noting the location of the septic tank/cesspool that was abandoned and the location of the sewer lateral from the house to the road.

Property Owner's Signature: _____ **Date:** _____

Installer's Signature: _____ **Date:** _____

Abandonment Inspection Date: _____

Inspector Approval/Signature: _____ **Date:** _____