



ON-SITE WASTEWATER SYSTEM ABANDONMENT REPORT



(Please Type or Print Legibly)

TAX MAP #: _____

LICENSEE NAME: _____ LICENSE #: _____ PHONE #: _____

ABANDONMENT DATE: _____

THIS FORM MUST BE SUBMITTED WITHIN 10 DAYS OF COMPLETION

REASON FOR ABANDONMENT: (Circle one) **Connection to Central Sewer** **New System Installed**

IF NEW SYSTEM INSTALLED - PERMIT #: _____

ABANDONED SYSTEM PERMIT #: _____

WAS ABANDONED SYSTEM A:
(Check all that apply)

Cesspool
Concrete Tank
Steel Tank

Cesspools _____
Concrete Tanks _____
Steel Tanks _____

TYPE OF ABANDONMENT: (Circle one) **Crushed and Filled** **Removed and Filled**

_____ Date

_____ Licensee Signature



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

SYSTEM ABANDONMENT REPORT

ISSUED: JANUARY 1985
REVISED: APRIL 2004

EXHIBIT - Z