

**Suffolk County Department of Health Services
Office of Wastewater Management
360 Yaphank Avenue, Suite 2C
Yaphank, New York 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov**

CERTIFICATION OF SEWAGE DISPOSAL SYSTEM ABANDONMENT

Health Department Reference Number: _____

Suffolk Tax Map #: Dist: _____ Sect(s) _____ Blk(s) _____ Lot(s) _____

Project Name or Address: _____

Subdivision Name & Lot # _____

Applicant Name: _____

I HEREBY CERTIFY THAT:

1. The first septic tank/leaching pool, from the foundation, was located and uncovered, **AND**
2. If liquid sewage was noted therein, was pumped dry by a licensed sewage hauler, **AND**
3. Tank/pool was inspected for outlet line to an overflow pool, **AND**
4. Overflow pool(s) was/were located, uncovered and items #2 and #3 were repeated until all parts of sanitary system were located, **AND**
5. All parts of sanitary system were removed or filled with clean backfill and any corbelled block domes collapsed.

I also certify that the sanitary system abandoned consisted of:

First tank/pool _____ feet diameter _____ feet deep ()precast ()block () other _____

First overflow pool _____ feet diameter _____ feet deep ()precast ()block () other _____

Next overflow pool _____ feet diameter _____ feet deep ()precast ()block () other _____

Next overflow pool _____ feet diameter _____ feet deep ()precast ()block () other _____

Company which pumped out sanitary system if different from certifying company:

Name of Company: _____

Address: _____

Consumer Affairs License Number: _____

Contractor Signature: _____ Date _____

Print Name/Company: _____ Phone _____

Address: _____

Consumer Affairs License Number: _____

This certification shall not be used in lieu of inspections required by personnel of the Department and may be duplicated on company letterhead, provided it contains the above information.

PHOTOCOPIES OF DOCUMENTS WILL NOT BE ACCEPTED