



DENVILLE DIVISION OF HEALTH  
1 St. Mary's Place  
Denville, NJ 07834  
(973) 625-8300, Ext. 260

**SEPTIC  
ABANDONMENT  
APPLICATION**

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**SEPTIC TANK/SEEPAGE PIT/CESSPOOL ABANDONMENT FORM**

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number of tanks to be abandoned: \_\_\_\_\_ Size: \_\_\_\_\_

Material used to fill tank: \_\_\_\_\_ Sand \_\_\_\_\_ Gravel \_\_\_\_\_ Dirt

Company Name: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Note: Septic Tank must be pumped and receipts must be provided to health department

Please return completed form to the above address.

A site plan must be provided. The site plan must show the location of any structures/buildings, streets, and the location of the septic tank that is to be abandoned.

The Denville Division of Health must be notified 24 hours prior to conducting the tank abandonment.

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**For Office Use Only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Receipt for pumping received (Circle): Yes No

Date of Inspection: \_\_\_\_\_ Approved (Circle): Yes No

Notes: