



BOARD OF HEALTH

78 Main Street
Hudson, MA 01749
(978) 562-2020

SEPTIC SYSTEM ABANDONMENT PERMIT

Fee: \$75.00

Date:			
Property Address:			
	Hudson, MA 01479		
Property Owner:		Phone:	

Applicant:	
Company:	
Address:	
Phone:	

Reason for abandonment (choose one):

- ☐ Connection to sanitary sewer
☐ Connection to shared septic system
☐ Demolition of building
☐ Condemnation of building
☐ Other (please specify) _____

For BOH use only:

Date received:

<input type="checkbox"/>	Approved on	_____
<input type="checkbox"/>	Paid on	_____
<input type="checkbox"/>	Inspected on	_____
<input type="checkbox"/>	Inspector:	_____