

**Suffolk County Department of Health Services
Office of Wastewater Management
Suffolk County Center
Riverhead, New York 11901
(631) 852-2100**

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.

