



**TOWNSHIP OF HARDING
BOARD OF HEALTH
CERTIFICATE OF ABANDONMENT OF INDIVIDUAL
SUBSURFACE SEWAGE DISPOSAL SYSTEM**

21 Blue Mill Road, P.O. Box 666
New Vernon, New Jersey 07976
(973) 267-8000 Ext 715

PROPERTY INFORMATION:

ADDRESS: _____

BLOCK: _____ LOT: _____

These tanks, pits or cesspools were abandoned and filled/removed on _____
Date

BRIEFLY DESCRIBE:

Pumping Contractor Name: _____

Permit Number: _____

Pumping Contractor Address: _____

Phone: _____ Email: _____

REASON FOR ABANDONING INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL COMPONENTS: _____

TYPE OF BACKFILL USED: _____

LOCATION OF ABANDONED STRUCTURES: Please provide a sketch showing where abandoned structures are located on the property (use back of this sheet).

CERTIFICATION:

I certify to the Harding Township Health Department that all abandoned septic tanks, seepage pits and cesspool on the above property have had their content removed and properly disposed of. These abandoned components have been removed and/or filled with suitable material, (i.e. sand or gravel).

I make this certification on this _____ day of _____, 20 _____.

SIGNATURE: _____

NAME OF OWNER OR AUTHORIZED AGENT: _____