Local Health District:	Sewag	e Treatmei	nt	Permit #	(if applicable)	
	System (STS) Abandonment		Audit Sticker (if applicable)			
		-				
	Perm	it/Repo	rt			
applicant at the time th	audit sticker and signatures ne e permit is issued. The repor					
Property Information Address:	on	Towns	hio.	T	County:	
Location Address.		Township:		1	County.	
Reason for abandonment:		<u></u>				
Owner Information						
Owner Name:				none Number:		
Mailing Address:			_			
Auglioont Ctotomo	of Commission					
Applicant Statemel agree the household sewage treat Code. The contents of the sewage	itment system or component(s) wi					
the Ohio Administrative Code. Signature of owner or authorized representative:			Date:			
·						
For office use only:						
Permit Issue Date (if applicable):	Sanitarian Name (printed):	itarian Name (printed):			Sanitarian Signature:	
Abandonm	ent Completi	on Repor	t	Date comple	eted:	
System Contents (Note: Completed pumping re	port must be attach	ed)	1		
Registered Septage Hauler:		<u> </u>				
Wastewater Disposal Site:	Solid Waste Disposa	Solid Waste Disposal Site:				
Ahandoned Compo	onent(s) (List all compon	ionte abandonod an	d moti	had of ahand	onment)	
Component 1:	Zitotitio j (List all compon	Method:	u men	iou oi abailu	onneny	
Component 2:		Method:				
Component 3:		Method:				

Person/Registered Installer Completing Abandonment
Signature: Name (printed):

Signature: Name (printed):

Method:

Local Health District Inspection (if applicable)

Sanitarian Signature:	Sanitarian Name (printed):	Date:

Component 4: