



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880

T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

**Inspection Fee:**  
**\$145.00**

To: **Building Department, Weston** ☐  
**Building Department, Westport** ☐  
**Building Department, Easton** ☐

The Connecticut Public Health Code requires the abandonment of subsurface sewage disposal system components (i.e., septic tank, hollow leaching structure) or cesspool shall be performed in such a manner as to eliminate the danger of inadvertent collapse of the component or cesspool. The responsibility for abandonment lies with the property owner. Structures that are to be abandoned shall be emptied of all sewage prior to abandonment. Structures shall be filled with sand, gravel, or crushed and backfilled with clean soil.

**FROM: Aspetuck Health District**

**RE: EXISTING SEPTIC SYSTEM ABANDONMENT**

**Location of**  
**Abandonment:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Print Name of Owner:** \_\_\_\_\_ **Owner's Contact Tele. #:** \_\_\_\_\_

**Address of Owner:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Signature of Owner or Authorized Agent:** \_\_\_\_\_ *(if agent, Letter of Authorization needed)*

**If Authorized Agent, *print* name:** \_\_\_\_\_ **Authorized Agent Tele. #:** \_\_\_\_\_

**This property has:** ☐ **Public water** ☐ **Private well water**

**To be Abandoned by:** \_\_\_\_\_  
*(Print Name)* *(Signature)*

**Date of Abandonment:** \_\_\_\_\_

**Reason for tank abandonment:** \_\_\_\_\_

**Tank(s) abandoned** Yes \_\_\_\_\_ No \_\_\_\_\_

**Leaching type:** \_\_\_\_\_

**Leaching abandoned:** Yes \_\_\_\_\_ No \_\_\_\_\_

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*To be completed by Aspetuck Health District:*

**Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Sanitarian

**Comments:** \_\_\_\_\_

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Cc: File/Revised 3/25/2025



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