



Bureau of Environmental Health
3 Harry S. Truman Parkway, Annapolis, MD 21401

SEPTIC SYSTEM ABANDONMENT REPORT FORM

Submit Copies of Completed Form To:

- * Anne Arundel County Department of Health
* Home Owner
* Contractor

Date Septic Abandoned : _____(month/day/year)

*Person Abandoning Septic: _____ Contractor's License Number: _____

Circle: Sewage Disposal System Contractor | Plumber

*Owner's Name: _____

Location of Septic Abandoned

*Septic Location:

Tax Account #: _____ - _____ - _____

Street Address: _____

*Type of Septic Being Abandoned:

Mark the unit abandoned and the method of abandonment.

Piping _____

Septic Tank _____

Pump Pit _____

Drainfield _____

Seepage Pit/Drywell _____

Cesspool _____

Sand Mound _____

Large empty rectangular box for drawing the location of the septic system.

Signature - Licensed Plumber or Sewage Disposal System Contractor

Date