



BOARD OF HEALTH
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545



Telephone: (508) 841-8384
Email: shrewsburyhealthagent@shrewsburyma.gov

IMPORTANT:

THE HEALTH DEPARTMENT REQUIRES A 48 HOUR NOTICE PRIOR TO WITNESSING AN ABANDONMENT – PLEASE PLAN AHEAD

APPLICATION FOR A PERMIT TO ABANDON AN EXISTING ON-SITE SEWAGE DISPOSAL SYSTEM

FEE: \$75.00 check payable to: Town of Shrewsbury

Abandonment Location: _____

Property Owner: _____

Owner's Telephone #: _____

Owner's Email: _____

Describe the existing system (ie. cesspool, septic system): _____

The undersigned agrees to abandon the on-site sewage disposal system at the above named address in accordance with the provisions of Title 5 and to contact the Health Department at 508-841-8384 or via email at shrewsburyhealthagent@shrewsburyma.gov for an inspection before covering the work.

Contractor Name: _____

Contractor Email: _____

Contractor Telephone #: _____

Contractor signature: _____ Date: _____

Health Department approval: _____

Water & Sewer approval: _____

Witnessed by: _____

_____, Central MA Regional Public Health Alliance (CMRPHA)

- Title V Agent for the Shrewsbury Health Department