



ALLEN COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR ABANDONMENT PERMIT
FOR ON-SITE SEWAGE SYSTEM

Receipt
Date
AMT.
Ini.

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NAME OF APPLICANT TELEPHONE
MAILING ADDRESS CITY STATE ZIP
NAME OF PROPERTY OWNER TELEPHONE
PRESENT ADDRESS CITY STATE ZIP
PROPERTY OWNER EMAIL

I hereby request a permit to abandon an On-Site Sewage System at the following location:

NUMBERED ADDRESS OF SITE:
CITY STATE ZIP
LOT NUMBER SUBDIVISION NAME
SECTION TOWNSHIP NAME

REASON FOR ABANDONMENT: [ ] CONNECTING TO PUBLIC SEWER [ ] DEMOLISHING STRUCTURE

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IS THERE A WELL ON THE PROPERTY? [ ] YES [ ] NO WILL THE WELL BE ABANDONED ALSO? [ ] YES [ ] NO

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NAME OF CONTRACTOR RESPONSIBLE FOR ABANDONMENT:
ADDRESS: PHONE NUMBER:
CONTRACTOR EMAIL:

Permit Fee Schedule

Table with 3 columns: Permit Type, (Payable to Allen County Department of Health), Fee. Row 1: Septic Abandonment Permit, (Must obtain prior to the abandonment of any existing onsite sewage system that does not involve the replacement, repair, alteration or modification of the system for which a construction permit was obtained.), \$65.00

NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the application process will be on hold until fees are paid in full. COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

I hereby certify that the onsite sewage system at the above location will be abandoned in compliance with Allen County Code Title 10-4.5, and as outlined in this application. I further certify that to the best of my knowledge all information contained in this application is correct.

Signature (Required):