

**Board of Health**

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**Town Hall**  
**135 School Street**  
**Walpole, Ma. 02081**  
**Phone (508) 660-7321**  
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*Town of Walpole*  
*Commonwealth of Massachusetts*

**CERTIFICATION OF ABANDONMENT  
OF A SUBSURFACE SEWERAGE SYSTEM**

LOCATION: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**Description of work completed:** ( Include type of tank and details of how system was abandoned).

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I certify that the system at the above address has been abandoned according to Title V regulations. A sketch of the general location of the tank is attached.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**\*\*Submit with required \$30 fee within thirty (30) days of  
abandonment.**