

**TOWN OF SHERBORN**  
19 Washington Street, Sherborn MA 01770  
**BOARD OF HEALTH**

**ABANDONMENT OF SUBSURFACE SEWAGE DISPOSAL SYSTEM  
AFFIDAVIT OF WORK COMPLETION**

Name of property owner \_\_\_\_\_

Address of system abandonment \_\_\_\_\_

The following phases of work to be signed by contractor performing work of septic system removal and submitted for Board of Health Agent review.

**The cesspool/septic tank has been pumped of its entire contents.**

Name of company \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature of Company Rep. \_\_\_\_\_ Date \_\_\_\_\_

Signoff by BOH Agent \_\_\_\_\_ Date \_\_\_\_\_

**Sewage pipes have been disconnected and capped in accordance with application for abandonment or pipes have been removed.**

Name of company \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature of Company Rep. \_\_\_\_\_ Date \_\_\_\_\_

Signoff by BOH Agent \_\_\_\_\_ Date \_\_\_\_\_

**The tank has been removed from the site, \_\_\_\_\_ or the bottom of the tank has been opened/ruptured \_\_\_\_\_ as to prevent retainage of water and the tank has been completely filled with clean sand/gravel, or \_\_\_\_\_ the cesspool has been crushed in place with a layer of clean sand/gravel on the bottom and back filled.**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature of Company Rep. \_\_\_\_\_ Date \_\_\_\_\_

Signoff by BOH Agent \_\_\_\_\_ Date \_\_\_\_\_