



**Foxborough Health Department
Town of Foxborough**

www.foxboroughma.gov

Matthew Brennan, R.S.
Director of Public Health

40 South Street
T: (508) 543-1207
F: (508) 543-6278

**Application for Abandonment of On-Site Septic
System/Cesspool
for Sewer Connection Tie-in**

\$100 Fee – check made payable to Town of Foxborough
NO REFUNDS OR TRANSFER OF FUNDS

Property Owner: _____ Phone #: _____

Owner's Address: _____

Property Address (if different): _____

Installer: _____

***Scheduled Inspection Date with Board of Health Inspector:** _____
(An inspection must be scheduled prior to work being done on property)

In accordance with Title 5 Regulations, I acknowledge the following must be completed:

_____ Septic tank/cesspool must be pumped. Documentation of the pumping must be submitted to the Board of Health Office.

_____ Tank/Cesspool must be excavated and removed from the site OR the bottom must be ruptured after contents have been pumped and completely filled with suitable material approved by the Board of Health.

Property Owner's Signature: _____ **Date:** _____

Installer's Signature: _____ **Date:** _____

Abandonment Inspection Date: _____

Inspector Approval/Signature: _____ **Date:** _____