



Public Health
Prevent. Promote. Protect.

Department of: HEALTH
Office of Environmental

Phone: (609) 265-5516
Fax: (609) 265-5541
BCHD@co.burlington.nj.us

Board of County Commissioners

49 Rancocas Road
Mount Holly, NJ 08060
Phone: 609-265-5000



Burlington County Health Dept.
15 Pioneer Blvd
PO Box 6000
Westampton, NJ 08060

Septic Abandonment Application Requirements

- The person/company who is performing the septic abandonment is required to submit an application to BCHD. The application must be approved prior to the start of any work.
- Provide a written explanation as to why the septic abandonment is taking place.
- Provide the Township, Block and Lot, and address of where the septic abandonment is taking place.
- Pumping receipts from a licensed septic pumper will be required.
- If the septic system is to be removed from the property then receipts from an appropriate disposal facility will be required.
- Provide a sketch of the property showing the road, location of all existing structures, location of the septic system that is being abandoned, well location (if applicable), and any other additional information that may be relevant.
- **The Burlington County Health Department does not perform abandonment inspections when public sewer is being installed.**
- **Inspections will be conducted by this department when all work is complete.**
Inspections will be conducted within 2 business days of request.

BCHD Application #: _____

Date Received: _____

BURLINGTON COUNTY HEALTH DEPARTMENT
15 PIONEER BOULEVARD, WESTAMPTON
PO BOX 6000 MOUNT HOLLY, NEW JERSEY 08060

APPLICATION FOR APPROVAL TO ABANDON EXISTING SEPTIC SYSTEM

1. Location of Project:
Municipality: _____ Block: _____ Lot: _____
Street Address: _____ Zip: _____

2. Name of Applicant: _____

3. Applicant's Present Address: _____

4. Person/ Company Performing Work: _____ 5. Phone Number _____

Signature of Owner/ Applicant: _____ Date _____

Signature of Person / Company Performing Work _____ Date _____

FOR AGENCY USE ONLY	
<input type="radio"/>	Application Denied – Reason for Denial: _____
<input type="radio"/>	Application Approved
Date of Action: _____	Signature of Authorized Agent: _____
Name & Title: _____	_____

General Information:

Reason for Abandonment: _____

Components to be Abandoned: _____

Number of Cesspools/ Septic Systems currently on property: _____

Include a sketch with this application showing the lot and location of components to be abandoned.