



**Public Health**  
Prevent. Promote. Protect.

Department of: HEALTH

Phone: (609) 265-5548  
Fax: (609) 265-3152  
E-Mail: [bchd@co.burlington.nj.us](mailto:bchd@co.burlington.nj.us)  
<http://www.co.burlington.nj.us/health>

## Board of Chosen Freeholders County of Burlington New Jersey



Physical Address:  
15 Pioneer Boulevard  
Westampton, NJ 08060

Mailing Address:  
49 Rancocas Road  
P.O. Box 6000  
Mount Holly, NJ 08060-6000

### **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.