



OFFICE OF  
**BOARD OF HEALTH**  
155 VILLAGE STREET  
MEDWAY, MASSACHUSETTS 02053  
Office (508) 533-3206 – Fax (508) 321-4982  
Beth Hallal, R.S. – Health Director

## **SEPTIC ABANDONMENT REQUIREMENTS**

**(1) When making a connection to the Public Sewer System, you must obtain a Drain Layers License which is issued by the Department of Public Service (DPS). Please keep in mind that the DPS observes a no dig winter moratorium as of November 15<sup>th</sup> through April 15<sup>th</sup>. You can contact the DPS at 533-3275 with any Drain Layers Questions or to obtain necessary licenses.**

**If you would like to disconnect septic systems, you must have a valid Disposal System Installer's Permit from the Board of Health per 310 CMR 15.019. You can contact the BOH at 508 533-3206 with any questions.**

**(2) All septic systems must be abandoned in accordance with 310 CMR 15.354 (form attached). In general, this means that:**

**(a) Before a septic tank or cesspool that contains sewage is disconnected, the entire contents of the tank or cesspool must be pumped by a licensed Septage Hauler as per 310 CMR 15.354(3)(b).**

**(b) All components that hold water (i.e., septic tanks, pump chambers) must be broken in place or removed as per 310 CMR 15.354(3)(c) so that liquid cannot collect in the future.**

**(c) All components that contain large empty voids (i.e., tanks, cesspools, leaching pits) must be filled with clean fill so that there is no risk of future cave-ins. "Clean fill" can include uncontaminated soil found elsewhere on the site (i.e., from the sewer line trench).**

**(d) Since leaching beds and leaching trenches are unlikely to collapse, they may be left in place. Leaching galleys may be left in place if there is no risk of future cave-ins.**

**(e) Sewage-contaminated soil around septic components is not required to be removed in order for the septic system to be abandoned.**

**(4) Any agent from DPS who is authorized to inspect sewer connections is also authorized by the Board of Health to inspect abandoned septic systems for compliance with 310 CMR 15.354.**

**(5) Any contractor who fails to comply with these guidelines will risk immediate suspension or revocation of the Disposal System Installer's Permit issued by the Health Department and/or the Drain Layer's License issued by DPS.**

## **SEWER CONNECTION POLICY BOARD OF HEALTH MEDWAY, MASSACHUSETTS**

This Policy of the Medway Board of Health, is for the program of Health Agent activities that are associated with the abandonment of septic systems by a tie-in to the municipal sewer system within the Town. The Policy is not intended to address every issue but to provide a guideline to be utilized by the Health Department when a septic system is abandoned.

The connection to the Town's sewer system shall be governed by the Sewer Department, performed by licensed drainlayers, in conformance with the latest requirements of the Sewer Department. The Board of Health's jurisdiction in regard to the tie-in is in regard to the proper abandonment of the septic system.

The abandonment of the septic system shall be in conformance with the State Sanitary Code (Title 5) and this policy. The septic tank, distribution box, leaching pit, cesspool(s) and leaching gallery, as the case may be, will be pumped clean by a licensed septage hauler. All structures, after pumping will be destroyed and collapsed. Clean gravel will be used for backfilling the structures and said material properly compacted.

The Board of Health is to be provided at least 48 Hours written notice of a system abandonment (tie-in). If available, the Health Agent will perform a site visit during the abandonment process.

Upon completion of the sewer tie-in, the Contractor will provide the Board of Health with a copy of the pumping receipt and a written statement that the septic system has been properly abandoned.

When a connection to the Town's sewer system will involve a pumping system, the following additional requirements shall apply:

- The Board of Health will be provided with three (3) copies of a plan & specifications for the pumping system, force main, terminal manhole and overflow structure stamped by a Professional Engineer. This plan will have to be approved by the Health Agent prior to the construction of the system.
- The pumping equipment must be suitable for handling raw sanitary wastewater (pass 2" solids) and be provided with on/off & high water alarm controls. Standby power or a 1,000 gallon emergency storage capacity will be required.
- The force main shall terminate in a manhole structure which will be located on the property adjacent to the Town sewer. The force main end at the manhole will be provided with two 45° Bends to seal the force main.
- The gravity sewer connection from the manhole to the Town sewer will be installed in accordance with the Sewer Department requirements.



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**SEPTIC ABANDONMENT PERMIT**  
**Per Massachusetts Title 5**  
**310 CMR 15.354**

\$75.00/FEE

Date:
Property Address:
Property Owner(s):
Phone Number:
Email:
Licensed Disposal System Installer:
Business Name:
Business Address:
Business Phone:
Business Email:
Licensed Septic Pumper:
Business Name:
Business Address:
Business Phone:
Business Email:

Reason for abandonment, please indicate with a  $\sqrt{\phantom{x}}$ :

- ☐ Connection to sanitary sewer  
☐ Demolition of building  
☐ Condemnation of building  
☐ Other (please specify): \_\_\_\_\_

Were tank(s)/cesspool/pits pumped by licensed pumper? \_\_\_\_\_

Were tank(s)/cesspool/pits removed or destroyed in place? \_\_\_\_\_

If destroyed:

Was the tank(s)/cesspool/pits cover removed? \_\_\_\_\_

Was the tank(s)/cesspool/pits bottom broken? \_\_\_\_\_

Were tank(s)/cesspool/pits sidewalls collapsed? \_\_\_\_\_

Were all components that contain large empty voids (i.e., tanks, cesspools, leaching pits) filled with clean fill according to MA Title 5 15.354 so that there is no risk of future cave-ins. "Clean fill" can include uncontaminated soil found elsewhere on the site (i.e., from the sewer line trench). \_\_\_\_\_

Acknowledged by the Water/Sewer Division: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved by Board of Health: \_\_\_\_\_ Date: \_\_\_\_\_

*For BOH use only:*

Inspection conducted for Abandonment of System on: \_\_\_\_\_

Approved on: \_\_\_\_\_

Approved by: \_\_\_\_\_