Township of Warren
Board of Health

Somerset County

46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173

CERTIFICATION OF PROPERLY ABANDONED SEPTIC TANK

The Township plumbing inspector, as identified below, acting as the authorized agent of the local health authority, does certify by initial and signature where indicated that the septic tank at the identified location was properly pumped and abandoned.

Property address: _____ Block:_____ Lot:_____

Property owner's name: _____

Property owner's address: _____ Phone #: _____

Warren Township Pumping Permit Number _____

Date of tank pumping: _____ Date of abandonment:_____

	Initial	*Date*		*Initial*	*Date*
Tank was properly pumped:	_____	_____	Tank was removed:	_____	_____
Tank was disconnected:	_____	_____	Tank was filled:	_____	_____

Material used to fill tank: _____

Sketch of property indicating location of tank: (triangulate location)

Name of licensed plumbing inspector: _____

Signature of inspector certifying abandonment: _____Date: _____

A copy of plumbing bill and letter of fill must be attached.