



City of Bloomington Utilities  
Application for Wastewater Connection Fee Waiver  
Abandoning Septic

Name of Applicant: (Please Print) \_\_\_\_\_

Mailing Address: (Street, City, State) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: (Street, City, State) \_\_\_\_\_

Is this Property located within city limits?  yes  no

Was there an existing septic system currently located on this Property?  yes  no

Have you pumped the septic system?  yes  no

Name of Pumper: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you abandoned the septic system?  yes  no

Name of Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

I swear or affirm that the information provided herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
DATE

*This Section is for City of Bloomington Utilities Department (CBU) Staff Only:*

Monroe County Health Department has sent written confirmation indicating that the septic system has been properly abandoned.  yes  no

One of the following Must be True in order to approve this application:

Property is located inside City Limits  yes  no

Property is located outside of City Limits but drains into City's MS4  yes  no

I have reviewed and approve this application for waiver of sewer connection fee.

\_\_\_\_\_  
Signature of Liz Carter, CBU MS4 Coordinator

\_\_\_\_\_  
DATE

I have reviewed and approve this application for waiver of sewer connection fee.

\_\_\_\_\_  
Signature of Vic Kelson, CBU Director

\_\_\_\_\_  
DATE

Comments: \_\_\_\_\_