## Department of Health and Human Services Environmental Health Program

155 N. First Ave, MS 5, Suite 170

Hillsboro, OR 97124

Telephone: 503-846-8722 Fax: 503-846-3705

WashCoSeptic.com





## **SEPTIC TANK DECOMMISSION (ABANDONMENT)**

Property Owner Name: (please print)					
Township:			Range:	Section:	Tax Lot #:
Property Address: (include city, state, zip)					
	Was pumped of sludge on:				
	Date:				
	Signature of Licensed Operator: License #:				
	Was backfilled with sand or clean bank run gravel AFTER being pumped of sludge on:				
	Date:				
İ					
	Was connected to city sewer:				
	Date:				
	Signature of Operator:				
Oregon Administrative Rules 340-071-0185 Decommissioning of Systems					
1)	The owner must decommission a system when:				
	(a) A sewerage system becomes available and the facility the system serves has been connected to that sewerage system;				
	(b) The source of sewage has been permanently eliminated;				
	(c) The system has been operated in violation of OAR 340-071-0130(13) and a repair permit and Certificate of Satisfactory Completion have not subsequently been issued for the system;				
	(d) The system has been constructed, installed, altered, or repaired without a permit required in this division, and a permit has not subsequently been issued for the system; or				
	(e) The system has been operated or used without a required Certificate of Satisfactory Completion or Authorization Notice and a Certificate of Satisfactory Completion or Authorization Notice has not subsequently been issued for the system.				
2)	2) Procedures for Decommissioning:				
	(a)	Tanks, cesspools, and se	epage pits must be pumped	by a licensed sewage dispo	sal service to remove all septage.
	(b)	· · · · · · · · · · · · · · · · · · ·	epage pits must be filled wi must be removed and prope	_	l, or other material approved by the
The septic tank at the address above has been decommissioned in accordance with the Oregon Administrative Rules.					
Property Owner Signature: Date:					Date: