

CERTIFICATION
OF
EXISTING SYSTEM DECOMMISSIONING

SEPTIC PERMIT NUMBER: ST 0 _____

T. ___ S.; R. ___ E.; Sec. _____; Tax Lot _____

The street address for the property is _____.

By my signature, I certify that the existing (select one or more of the following)

Septic tank Seepage Pit Cesspool

was decommissioned in accordance with established standards of the Department of Environmental Quality (DEQ). The DEQ standards require the selected items to be:

- A) pumped by a licensed sewage disposal pumping service to remove all septage;
- B) filled with reject sand, bar run gravel or other material acceptable to the County, **OR**
the tank must be removed and properly disposed.

The septage was pumped by _____
(Company Name of the septage pumping business)

Signature: _____ Date: _____

- Attach a copy of the pumping receipt.
- Remit completed form to:

Clackamas County
Septic and Onsite Wastewater Program
150 Beaver Creek Rd.
Oregon City, Oregon 97045

Or, submit via FAX: **(503) 742-4247**