



Report of Wastewater Tank Abandonment

Parcel (APN): _____

Date: _____

Instructions for completing form: This form is to be completed by any persons permanently removing a septic tank, seepage pit, cesspool, or other on-site sewage system wastewater tanks from service. Complete and submit this report to the health officer within (30) days of the abandonment.

Authority: **WAC-246-272A-0300**

General Information (Please print):

Name of Owner/Occupant of Property: _____

Address: _____

Wasterwater Tank Data:

Type of Sewage Tank: _____ Septic Tank: _____ Pump Tank: _____ Holding Tank: _____ Other: _____

Number of Compartments Pumped: _____

Number of Gallons Pumped: _____

| Checklist Item | Yes | No | Not Applicable | Comments |
|---|-----|----|----------------|----------|
| Septage removed by an approved pumper?* | | | | |
| Tank lid removed or destroyed? | | | | |
| Tank void filled with compacted soil or gravel? | | | | |

*OSS Pumper Name: _____

Chelan-Douglas Permit Number: _____

Reason for wastewater tank abandonment:

_____ Property being served by public sewers _____ Property being served by replacement tank

_____ Structure being demolished

Comments:

Return completed form to Chelan-Douglas Health District, Environmental Health Division.