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## CERTIFICATION OF TANK DECOMMISSIONING

Parcel number \_\_\_\_\_

Address \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Septic Permit # (if applicable) \_\_\_\_\_

Individual/Company Certifying Abandonment

\_\_\_\_\_  
Phone Number \_\_\_\_\_

I certify that all sewage was removed from the septic tank and/or pump chamber on the above referenced site by a Jefferson County Certified Septic Tank Pumper, the lid was crushed and the tank filled with soil or gravel.

I certify that the septic tank and/or pump chamber on the above referenced site has been decommissioned to Washington State and Jefferson County Public Health Requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Pump receipt attached \_\_\_\_\_