



**POLK COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH**

850 Main Street, Dallas, OR 97338

Phone: (503) 623-9237 Email: environmentalhealth@co.polk.or.us

SEPTIC TANK ABANDONMENT

The septic tank at: _____

Activity number: _____

Pumped by: _____

(Licensed D.E.Q. Pumper)

Date tank pumped: _____

The tank was:

☐ Removed

☐ Filled

(NOTE: The bottom of the tank should be perforated or cracked to prohibit the accumulation of surface water in the tank)

Fill material:

☐ Reject sand

☐ Bar run gravel

☐ Crushed rock

☐ Other: _____

ENCLOSE A COPY OF THE PUMPING RECEIPT WITH THIS FORM

Company Name: _____

Signed: _____ Date: _____

Polk County Community Development
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Dallas, OR 97338
503-623-9237
cd.permits@co.polk.or.us