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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