

# Septic/Pump Tank Decommissioning Guide



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## Decommissioning Purpose

To ensure on-site sewage systems are properly abandoned to minimize potential health and safety hazards.

## Decommissioning Regulations

Washington State Department of Health Rules and Regulations WAC 246-272A and Tacoma-Pierce County Board of Health Resolution 2014-4414:

### Persons permanently removing a septic tank, sewage pit, cesspool or other container from service shall:

1. Have the septage removed by an approved O&M Firm approved for pumping.
2. Remove or destroy the lid(s).
3. Remove the tank or fill the void space of the tank with soil or gravel.
4. Submit the Decommissioning Certificate form to Tacoma-Pierce County Health Department.

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### To connect to public sewer or demolish a structure:

1. Complete plan review application (if required) with appropriate sewer utility and obtain a sewer application number (if applicable).
2. Complete and submit the Health Department Septic/Pump Tank Decommissioning Certificate with appropriate fee.
3. Upon Health Department approval of decommissioning certificate, the Department will maintain a database record and provide electronic storage of the documents.

### To abandon and replace a septic/pump tank:

1. Submit remodel/repair application for new system with appropriate fee.
2. Complete Septic/Pump Tank Decommissioning Certificate (fee will be waived). Attach certificate to parent OSS application.

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### Submittal package must include:

1. Completed Septic/Pump Tank Decommissioning Certificate form signed by a licensed contractor.
2. Application fee.
3. Site Plan indicating location(s) of the decommissioned tank(s). Basic Site Plan requirements (Chapter 2, Section 28) apply.
4. Pumping receipt from Certified Installation or Pumping Company.
5. Sewer application number or Remodel/Repair application information.

Contact us at (253) 798-6470 for more information.

# Septic/Pump Tank Decommissioning Certificate



**Submit the following information with this form to receive approval:**

1. A site plan showing location of street, structures, and decommissioned septic/pump tank(s).
2. The current application fee (if applicable).
3. A signature by a licensed contractor certifying the tank(s) has been abandoned in accordance with Health Department On-Site Sewage Regulations and WAC 246-272A.
4. Pumping report submitted via Online RME.
  - Septic Tank Empty – No pumping report filed via Online RME.

Validation

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

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from site) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parcel Number \_\_\_\_\_ Sewer Application Number \_\_\_\_\_

Number of Septic/Pump Tank(s) Decommissioned on Site \_\_\_\_\_

Number of Septic Systems Still Operating on Site \_\_\_\_\_

**Reason for Decommissioning:**

Connected to public sewer: Connection Date \_\_\_\_\_ Sewer Utility Provider \_\_\_\_\_

System relocated (Attach this form to parent application. Fee will be waived)

Other \_\_\_\_\_

Company Performing Decommissioning \_\_\_\_\_

Contractor's License Number \_\_\_\_\_

Contractor's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Email \_\_\_\_\_ Contractor's Phone Number \_\_\_\_\_

***I am a licensed contractor in Washington State, and I certify the septic/pump tank(s) at the site address listed above has been abandoned in accordance with Tacoma-Pierce County Board of Health Resolution 2014-4414 and WAC 246-272A.***

**Signature of Contractor** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Reviewed By \_\_\_\_\_

Comments \_\_\_\_\_

Information submitted is subject to Public Records Act, Chapter 42.56 RCW