



## NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East Seventh Street  
The Dalles, OR 97058  
(541) 506-2603

### Tank Abandonment Procedures

#### For Office Use Only

Abandonment Confirmation Date:

☐ Pictures ☐ Receipt ☐ Other:

Septic Permit #:

Date Approved:

REHS Initials:

Name of Applicant:	Reason for Abandonment  <input type="checkbox"/> Connecting to Sewer:  <input type="checkbox"/> Major Repair:  <input type="checkbox"/> Minor Tank Replacement:  <input type="checkbox"/> Other: _____
Phone Number:	
Address:	
City: County:	
Twpn: _____ Range: _____ Section: _____ Tax Lot: _____	

#### Instructions

A licensed sewage disposal service must completely pump the tank(s) contents. Attach a copy of the pumper's receipt to this form and submit it to the Community Development office for inspection. The inspection will usually take place within the next 2 working days and then the final covering can be done.

#### Select ONE of the following 3 options:

☐ Removal: Check with the local landfill or local recycler before transporting the old tank. Not all locations are approved to accept used septic tanks. Mark or flag the location where the tank location was in use prior to requesting an inspection.

☐ Fill in place: The top of the tank shall be removed before filling. Destroy steel or plastic tops and cave in concrete lids. Fill tanks with sand or bar-run gravel and pack the tank so as to eliminate void areas. For inspection; fill tanks to the tops of the vertical sides and request an inspection using the instructions below. After the inspection is completed, you will need to fill the tank to final grade.

☐ Crush and bury: After pumping the tank, crush the tank so that there are no void areas. Leave the crushed tank visible for the inspection.

☐ Request Inspection: To request an inspection, the following must be completed:

- ✓ Check the appropriate boxes above,
- ✓ Fill out the location and permit # below,
- ✓ Attach a copy of the receipt from the pumper,
- ✓ And sign and turn this form.

#### Note: Components of the Decommissioned System

*Drain fields can be left intact but they should not be excavated for a year after the last use. Distribution boxes should be pumped out by a licensed pumper and removed or filled in location. Sand Filter mounds can be left in place, but if removed, they should not be excavated for a year after the last use.*

Installer Information:	Applicant Signature: Application will be denied if <u>NOT</u> signed
Business Name:	By my signature, I certify that the information I have furnished is correct and hereby grant NCPHD and it's authorized agents permission to enter onto the above described property for the sole purpose of this application including site evaluations, repairs, constructions or site visits. The costs of the actions not satisfied by the agent are the sole responsibility of the owner.
Self Install by home owner: <input type="checkbox"/>	
Phone #:	Printed Name:
Address:	Signature:
DEQ License Number:	If submitting for property owner, you must submit <u>Authorized Representative Form</u>

*Note: A septic system must be installed and constructed by the owner or a DEQ licensed installer using DEQ approved materials and equipment that meet minimum standards.*

**\*Incomplete Applications May Be Subject to Delays and Any Required Corrections Will Restart the Order In Which It Was Received**



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### NOTICE AUTHORIZING REPRESENTATIVE

I, \_\_\_\_\_, have authorized \_\_\_\_\_ to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)

agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

#### PROPERTY IDENTIFICATION:

\_\_\_\_\_  
(Property Situs or Road Address)

And described in the records of as:

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

#### PROPERTY OWNER:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### AUTHORIZED REPRESENTATIVE:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_



# Tank Abandonment As-Built

Applicant Name: \_\_\_\_\_

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

Permit # (where applicable): \_\_\_\_\_

Please provide dimensions in feet (More directions and acknowledgements on next page)

- Property Lines
- Existing Structures and Proposed Structures
- Septic Tank Location
- Existing Drainfield Area
- Well or neighboring water source (show distance of well from tank and drainfield)
- Access Roads
- Measurements between major features

Scale: 1/4" = \_\_\_\_\_ FT'

Date: \_\_\_\_\_

Signature: \_\_\_\_\_