Septic/Pump Tank Decommissioning Guide

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Decommissioning Purpose and Regulations
On-site sewage systems need to be properly abandoned to minimize potential health and safety hazards. 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 a certified O&M Firm approved for pumping.
2. Remove or destroy the top of the tank lid(s).
3. Remove the tank or fill the void space of the tank with soil or gravel.
4. Submit this form with a site plan and fee to Tacoma-Pierce County Health Department

Section 1.

If you intend to connect to public sewers, but have not yet decommission the septic tank(s):

1. Complete a plan review application with your public sewer utility provider (if required) and obtain a sewer application number (if applicable).
2. Complete only section 1 of this form. Submit with a site plan showing the location of the decommissioned tank and fee. Provide a copy or receipt to your sewer utility provider.
3. Once the sewer utility provider approves your sewer connection, you can decommission the tank and complete and submit section 2 of this form.

Section 2.

If you have decommissioned the septic tank(s) and are not installing new tank(s):

Complete section 2 of this form. Submit a site plan showing the location of the decommissioned tank(s) and fee.

(If you previously submitted section 1 of this form with a site plan and paid the fee, you do not need to submit a site plan or fee again. Submit this form as a resubmittal to the existing Decommissioning application or email it to: Ehsepticsystems@tpchd.org.)

If you have an approved Repair or Remodel application to install a new tank and decommission an old tank:

Complete section 2 of this form and submit it as a resubmittal to the Remodel or Repair application in process or email it to: Ehsepticsystems@tpchd.org. (A Decommissioning Certificate associated with a Repair or Remodel application does not require a fee.)

Submittal package must include:

1. Septic/Pump Tank Decommissioning Certificate form. (If submitting section 2, a licensed contractor must sign)
2. Application fee. (if applicable)
3. Site Plan indicating location(s) of the decommissioned tank(s) in relation to existing structures. If possible, show all tanks on the property. View Basic Site Plan requirements under the Environmental Health On-Site Sewage Regulations Chapter 2, Section 28. (Can use GIS map if appropriately labeled per basic site plan requirements.)
4. Pumping receipt from Certified Installation or O&M Firm approved for pumping. (if tanks were pumped).
5. Public Sewer application number. (if connecting to a public sewer line)

Contact us at (253) 649-1420 for more info.

Septic/Pump Tank Decommissioning Certificate

Tacoma-Pierce County Health Department
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Validation

Property owner_____

Site address_____City_____

State_____Zip_____Email_____

Mailing address (if different)_____

City_____State_____Zip_____

Parcel number_____Phone number_____

Project description_____

_____

Section 1

Complete this portion if you intend to connect to public sewers but have not yet decommissioned the septic system.

Have you applied for a Sewer Connection Application? ☐ Yes ☐ No Sewer Application #_____

Sewer Utility Provider_____ Proposed Connection Date_____

How many septic tanks are on this lot?_____ How many tanks will be decommissioned?_____

Section 2

Complete this portion after the septic tank has been properly decommissioned and is no longer in use.

How many tanks were decommissioned?_____ Is the home being demolished? ☐ Yes ☐ No ❑ Unknown

Was the septic tank pumped? ☐ Yes – The septic service company will submit a report to OnlineRME.
☐ No – Tank was already empty – No pumping report filed via OnlineRME.

Company performing decommissioning _____

Contractor's license number _____

Contractor's email or mailing address _____

City _____State _____ Zip _____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.

Contractor signature _____**Date** _____

FOR HEALTH DEPARTMENT USE ONLY

Approved ❑ Yes ❑ No Comments _____

_____

Reviewed by_____Date_____Phone number_____

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