CLALLAM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SERVICES

# SEPTIC DECOMMISSIONING

ENVIRONMENTAL HEALTH SERVICES
Physical: 223 E 4th Street, Room 130
Mailing: 111 E 3rd Street
PORT ANGELES, WA 98362
(360) 417-2506

SEP#

## APPLICANT INFORMATION (Property Title Owner)*

NAME: _____
FIRST MI LAST

MAILING ADDRESS: _____

CITY: _____

PHONE: _____

Email: _____

Fees: $163.00

State Department of Health rules (WAC 246-272A-0300) require that: Persons permanently abandoning a septic tank, seepage pit, cesspool, or other sewage container shall:

1) Have the septage removed by an approved pumper;
2) Remove or destroy the lid; and
3) Fill the void with soil.

Please submit proof of pumping and filling (receipts) to this office for Final of this permit.

I have read the above and understand these requirements.

Signature Date

## PROJECT INFORMATION

DIRECTIONS TO PROJECT SITE (from Nearest County Road):

PROJECT ADDRESS:

Associated Septic Permit # _____

Contractor Name: _____

& Contact Info: _____

## PLOT PLAN

NORTH

***Pump, crush, and fill receipts required prior to final.**

Environmental Health Approval

Signature _____ Date _____

Expiration date: _____ (6 months) _____

Finaled by: _____ Date: _____

CONDITIONS

_____

_____

_____

Office Use Only:

Date Received: Receipt #: Check #:

Parcel #

Subdiv/plat

Vol.

Page

Lot

Blk/Div