



CERTIFICATION OF EXISTING SYSTEM DECOMMISSIONING

Plumbing Permit #: _____

T. _____ S.; R. _____ E.; Sec. _____; Tax Lot _____

Street Address for the property is:

_____ Oregon City, OR 97045

By my signature, I certify that the existing (select one or more of the following)

Septic Tank Seepage Pit Cesspool

Decommissioned in accordance with established standards of the Department of Environmental Quality (DEQ). The DEQ standards require the selected items to be:

- A. Pumped by a license sewage disposal pumping service to remove all septage;
- B. Filled with reject sand, bar run gravel or other material acceptable to the City, OR the tank must be removed and property disposed.

The septage was pumped by: _____

(Company Name of the septage pumping business)

Signature: _____ Date: _____

- Attach a copy of the pumping receipt
- Remit completed form to:

City of Oregon City

Building Division

P.O. Box 3040

695 Warner Parrott Rd

Oregon City, OR 97045

OR

Submit via FAX at: 503-722-3880