

Septic/Pump Tank Decommissioning Certificate



Application Septic Tank Decommissioning

Property Owner Vector

Site Address 4923 Freeman RD E

City Puyallup Zip 98371

Parcel Number 0420201027 Lot Size (sq. ft.) 49222 Lot # _____

of Tanks Prior to Decommissioning 1 # of Tanks Decommissioned 1

Pump Report Submitted Y No Pumping Needed? N

SR0272252

VALIDATION
WEB APPLICATION

Applicant Heather Brothers Phone (425) 584-7089

Business _____

Email projects@rivers.city

Address 17115 SE 270th Place

City Covington ST WA Zip 98042

Contractor Rivers Edge Environmental Svcs Phone (425) 584-7089

Business Rivers Edge Environmental Services, Inc.

Email projects@rivers.city

Address 17115 SE 270th Place

City Covington ST WA Zip 98042

Decommissioning Information

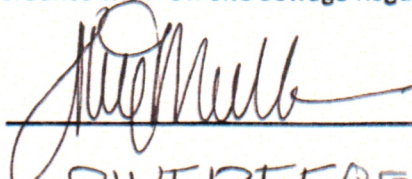
Reason for Decommissioning Decom Other
Demolition of house

Is Decom Associated with other OSS App N Is Decom Associated with Connection to Sewer N

Connection Date if Connected to Sewer _____

Sewer Utility Name if Connected to Sewer _____

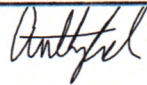
I am a licensed contractor in Washington State, and I certify the septic/pump tank(s) at the site address listed above has been abandoned in accordance with On-Site Sewage Regulation, Environmental Health Code, Chapter 2 and WAC 246-272A.

Signature of Contractor  **Date** 4/19/22

Contractor's License Number RIVEREE050DT

HEALTH DEPARTMENT USE ONLY

Geo Search _____ ON Number _____ Compliance Records _____

Approved: Yes Date: 07/14/22 Reviewed By: Anthony Coleman 

Comments: _____