

Septic/Pump Tank Decommissioning Certificate



Application Septic Tank Decommissioning

Property Owner Vector

Site Address 4823 Freeman RD E

City Puyallup Zip 98371

Parcel Number 0420201034 Lot Size (sq. ft.) 22216 Lot # _____

of Tanks Prior to Decommissioning 1 # of Tanks Decommissioned 1

Pump Report Submitted Y No Pumping Needed? N

SR0272250

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 Svcs

Email projects@rivers.city

Address 17115 SE 270th Place

City Covington ST WA Zip 98042

Decommissioning Information

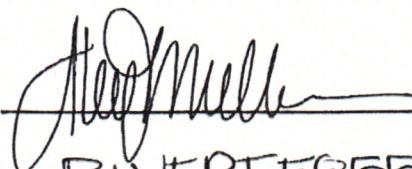
Reason for Decommissioning Decom Other
Demolition of house, septic tank removed

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 RIVEREE855DT

HEALTH DEPARTMENT USE ONLY

Geo Search _____ ON Number _____ Compliance Records _____

Approved: yes Date: 7/14/2022 Reviewed By: Tina Friedrich

Comments: _____