



Sewage Holding Tank Decommission

FOR AGENCY USE ONLY

Date Received: / /	PTI Number:	Plan Approval Number:
--------------------	-------------	-----------------------

1. Facility Information

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Facility Contact: _____

Contact Title: _____

Phone: () - Fax: () - E-mail : _____

2. Owner Information

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () - Fax: () - E-mail : _____

3. Decommission Date:

Enter the date the holding tank was decommissioned: / /

4. Final Hauling Information:

Receiving Facility:	Facility NPDES #:		
Address:	City:	State:	Zip:

Licensed Hauler: _____

If applicable, local health department that licensed the waste hauler: _____

Most recent date the sewage or industrial waste was pumped and hauled: / /

5. Brief description of how the holding tank was decommissioned:

6. Signature of the Owner:

I certify under penalty of law that this document was prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Typed name: _____ Title: _____

Signature: _____ Date: / /