

**THURSTON COUNTY
PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT**

Environmental Health Division
2000 Lakeridge Drive SW
Olympia, WA 98502-6045
(360) 867-2673

CERTIFIED SEWAGE SYSTEM PUMPER APPLICATION FORM

New Company [] Renewal [] Change of Company Name []

FIRM NAME: _____ **OWNER NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **E-Mail Address:** _____

LIST EACH OF YOUR TRUCKS BELOW

(Use back of form if needed.)

LICENSE # _____ MAKE _____ YR _____ COLOR _____ TANK SIZE _____

LICENSE # _____ MAKE _____ YR _____ COLOR _____ TANK SIZE _____

LICENSE # _____ MAKE _____ YR _____ COLOR _____ TANK SIZE _____

LICENSE # _____ MAKE _____ YR _____ COLOR _____ TANK SIZE _____

TRUCK(S) DISPATCHED FROM: _____

STORAGE FACILITY LOCATION(S): _____

NAME & LOCATION OF DUMPING FACILITY: _____

LIST NAMES OF FIELD STAFF OPERATING IN THURSTON COUNTY: (Use back of form if needed.)

Signature: _____ **Date:** _____

For Department Use Only

Date: _____ **Amount Received** _____ **Receipt #:** _____ **By:** _____