

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

Environmental Health Division  
2000 Lakeridge Drive S.W.  
Olympia, WA 98502-6045  
(360) 867-2673 TDD (360) 867-2603



**CERTIFIED SEWAGE SYSTEM PUMPER APPLICATION FORM**

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

**FIRM NAME:** \_\_\_\_\_ **OWNER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**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: \_\_\_\_\_