

## THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES

Environmental Health Division 3000 Pacific Avenue SE - Room 225 Olympia, WA 98501

(360) 867-2626

## **SEWAGE SYSTEM PUMPER APPLICATION FORM**

[ ] New Firm Cer	tification [ ] Re	Business address	[ ] New Pump Truck	
[ ] Change of Bu	ısiness Name: Previ	ous business name:		
[ ] New Individu	ual Certification: Nev	v Employee name:		
FIRM NAME:OWNER NAME:				
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:		FAX:	EMAIL:	
LIST EACH OF YO	UR PUMP TRUCKS B	ELOW (USE BACK IF NEED	DED)	
LICENSE #	MAKE	YEAR	COLOR	TANK SIZE
LOCATION TRUC	K(S) DISPATCHED FR	OM:		
STORAGE TANK I	EACILITY LOCATION(	c).		
STORAGE TANK	FACILITY LOCATION(	<i>3</i> j		
NAME & LOCATION	ON OF DUMPING FA	CILITY:		
LIST NAMES OF F	FIELD STAFF OPERAT	ING IN THURSTON COUN	I <b>TY: (</b> Use back of form if ne	eded.)
			·	
Name:		Name:		
Name:		Name:		
Annlicants Signa	ture <sup>.</sup>		D	ate:
Topicumes signa				
	FOR DEPARTME	NT USE ONLY	FOR	DEPARTMENT USE ONLY
	Date			
	By:			
( ) Renewal App Date				
Comments:				
Comments.				Channel Application D
			Date	Stamp Application Received

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