

WASTEWATER/SEWER DISPOSAL VERIFICATION

MOBILE FOOD UNIT NAME: _____ OWNER/OPERATOR: _____

WASTEWATER TANK CAPACITY: _____ GALLONS (Must be 15% greater capacity than the fresh water tank)

COMMISSARY/SERVICING AREA INFORMATION ASSESSOR PARCEL NUMBER: _____

NAME OF BUSINESS: _____ OWNER/OPERATOR: _____

PHYSICAL ADDRESS: _____ ZIP CODE: _____ PHONE: _____

METHOD OF WASTEWATER DISPOSAL: ☐ PUBLIC SEWER SYSTEM ☐ ON-SITE SEWAGE SYSTEM (OSS)

All commissaries or servicing areas used to support a mobile food unit must verify they are connected to an approved wastewater disposal system. *Note: OSS type wastewater disposal will require a longer review time than a public sewer system and depending on the type, condition, size and age of the OSS, it may require upgrades or improvements.*

If connecting to a Public Sewer System:

PUBLIC SEWER AVAILABILITY AND APPROVAL: (To be completed by your local public sewer system official)

Name of Public Sewer System: _____

Address of Public Sewer System: _____ City: _____

The above sewer system is approved and provides service to the business listed at the above address.

Official/Purveyor's Name: _____ Phone: _____ Date: _____

PLEASE NOTE: A copy of the sewer bill or availability letter signed by the sewer district may be submitted in lieu of completing this portion of the form. Please ensure the physical address of the commissary or servicing area is the same as addressed on the sewer bill.

If connecting to an On-site Sewage System:

Any type of business connected to an on-site sewage system will have to be reviewed and approved by the health department if it decides to become a commissary or servicing area in support of a mobile food unit operation.

The following is to be completed by the owner of the business that is responsible for their on-site sewage system:

Is the sewage system permitted approved? ☐ Yes ☐ No What is the septic tank capacity (gallons/day) _____

What is the current approved use? (e.g. restaurant, office, industry, etc.) _____

What type of OSS is it? (e.g. gravity, pressure distribution, mound, etc.) _____

Does any type of pre-treatment exist at the business? (e.g. grease traps, nibblers, etc.) ☐ Yes ☐ No

To obtain copies of the original permit issued for the OSS please contact Thurston County Permit Assistance Center or records can be researched at <http://www.co.thurston.wa.us/wl-dspublic8/Welcome.aspx?dbid=0>. Providing copies of the records with the mobile food unit application will expedite the review process. If you have difficulty providing information requested or records are not available, you may need to contact a Licensed OSS Designer. For additional information you can contact the Water and Wastewater Section at (360) 867-2673.

VERIFICATION BY THURSTON COUNTY PUBLIC HEALTH- ENVIRONMENTAL HEALTH DIVISION:

Name of Commissary or Servicing Area with Wastewater Disposal System: _____

The above wastewater disposal system is ☐ APPROVED ☐ DENIED for use as a commissary or servicing area.

Reviewed by: _____ Date: _____