



Skagit County Public Health

Keith Higman, Director
Howard Leibrand, M.D., Health Officer

EH Permit ID: _____
Fee: _____
Date: _____
Received by: _____

ON-SITE SEWAGE SYSTEM PUMPER CERTIFICATE APPLICATION

New Certificate

1. Written verification of education and experience
 - a. Pass a written or field examination approved by the Health Officer
 - b. Demonstrate any combination of training that is determined by the Health Officer to be equivalent to:
 - i. Six (6) months of full-time employment within the preceding three (3) years as a certified septic system pumper in any other Washington State health jurisdiction
 - ii. One (1) CEU of Health Officer approved training applicable to septicage pumping, transportation and disposal
2. Provide evidence of a \$20,000 Surety Bond
3. Applicable Fees

Renewal

1. Provide evidence of \$20,000 Surety Bond
2. Applicable Fees

Please Print

Business Name: _____ WA State Business # (UBI): _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Email: _____

Email for publication on provider lists: _____

License Plate Number(s) on Truck(s): _____

Names of pumpers*: _____

**Please include permit holder name, and those working under permit holder*

I, _____, of _____
(Permit Holder - Print Name) (Business Name)

hereby submit both my application and required application fee for the profession of On-Site Sewage System Pumper, which includes the cleaning out, emptying, pumping out or disposing of the contents of any septic tank, cesspool, sewage pit, vault, privy, chemical toilet, holding tank, or other means of sewage disposal. I have read and understand the Rules and Regulations of the Skagit County On-Site Sewage Code (SCC 12.05) governing on-site sewage systems.

Signature of permit holder: _____ Date: _____

Incomplete forms and applications will be returned to the applicant and not processed