



Skagit County Department of Public Health

Jennifer Johnson, Director
Howard Leibrand, M.D., Health Officer

Environmental Health Forms

The following document is a fillable form. You may complete all fields in the form electronically or you may print the form and complete it manually. We require an actual signature on all applications. If you are able to sign using an electronic device please do so in the designated area, otherwise you will need to print the form to sign.

Completed forms and signed applications can be submitted via:

- E-mail to EH@co.skagit.wa.us
- Fax to 360-416-1565
- Mail to Environmental Public Health, 1800 Continental Place, Mount Vernon, WA 98273

You may save a copy of your completed form electronically but if you leave this website your changes within the webform will not be saved. Incomplete forms and applications will be returned to the applicant and not processed.

If you have questions regarding the forms or applications please contact us by phone at 360-416-1500 or via e-mail at EH@co.skagit.wa.us.



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ON-SITE SEWAGE SYSTEM PUMPER CERTIFICATE APPLICATION

- 1) New Certificate;** a) Provide Verification of Experience/ Exam results; b) Provide evidence of \$20,000 Surety Bond; c) Submit Fee according to current Schedule of Charges payable to Skagit County Department of Public Health.
- 2) Renewal;** a) Provide evidence of \$20,000 Surety Bond; b) Submit Renewal Fee (Invoice enclosed) payable to Skagit County Dept of Public Health c) Provide evidence of 1 CEU of Continuing Education (or equivalent).

PLEASE PRINT

Business Name: _____

Mailing Address: _____

City/Zip: _____

Phone/Email: _____

Names of Pumpers: _____

License # of Truck(s): _____

I _____, of _____
(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 received, have read and understand the Rules and Regulations of the Skagit County On-Site Sewage Code governing on-site sewage systems

Signature: _____ Date: _____

Public Health
700 South 2nd Street Room #301
Mount Vernon, WA 98273
(360) 416-1500 Fax (360) 416-1501

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