

# 2019 Operation & Maintenance Firm Application



Applications submitted, or post marked after Feb. 15, 2019 are subject to a \$125 late fee. This includes incomplete applications.

Name of Firm \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Firm Email \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner(s)/Manager(s) \_\_\_\_\_

Validation

Liability Insurance:  
 OnlineRME  
 O&M Person on Staff  
 L & I Exp Date:  
 Date Data Entered:

**Certified Individuals** (Each individual requires a separate application for their specialty)

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

(Attach additional pages if necessary)

**Categories** (Check all that apply to your business)

- O&M Specialist on Staff     Complete RSS Process

Categories checked below require completion of pages 2 and 3 of this application.

- Septic Tank Pumping     Grease Trap Pumping     Portable Toilet Pumping  
 Site Specific Pumping for \_\_\_\_\_

**Additional Requirements**

- Include fee(s).
- Registered and current on OnlineRME.
  - Account ID \_\_\_\_\_
- Attach a copy of L&I Contractor License.
- Proof of Liability Insurance for \$1,000,000 or more per occurrence.
- Pumping/hauling truck/above-ground storage tank inspections completed in the past 90 days.
- Underground Storage Tank inspections completed in the past 90 days.

*As an O&M Firm in Pierce County, you must comply with all requirements and responsibilities of this certification in accordance with the Tacoma-Pierce County Health Department On-Site Sewage Code, Chapter 2. This certification may be suspended or revoked, or you may face disciplinary action for violating on-site regulations.*

**Send this completed application and fee to:**

Tacoma-Pierce County Health Department  
 EH Certified Professionals  
 3629 South D St., MS 1035  
 Tacoma, WA 98418-6813

- Sole Proprietorship
- Corporation
- Partnership
- Limited Liability Company
- Other \_\_\_\_\_

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

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Pages 2 and 3—Pumping Firms Only.

## Septage Disposal Sites (List all potential sites)

Name/Location \_\_\_\_\_  
Name/Location \_\_\_\_\_  
Name/Location \_\_\_\_\_

## Holding Tanks/Trucks

Does the applicant have holding tanks or trucks used for storage located in Pierce County?

- Yes                       No

- Underground Storage Tanks:** A professional engineer must certify underground tanks as watertight, annually. Attach certification to this application.

List location and capacity of each **underground tank**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Fixed above ground tanks** must be inspected by the Health Department/WOSSA.

List location and capacity of each **fixed aboveground tank**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hauling tankers used for storage only:** Include all tankers with your trucks and fill out a truck description form for each one. (see page 3)

List location and capacity of each **truck or tanker** used for storage only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Truck Decal Specifications

Decals must be a minimum of 4 inches high, contrasting color, and labeled on at least one side of the truck.

Decals must include:

- Company Name
- County Initials (PC, PCHD or Health Department)
- Certificate Truck Number (assigned by Health Department)

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Complete the following information for each septage pumping/hauling truck used by your firm. Make copies of this page if you have more than two vehicles to certify.

Validation-Trucks

### Truck Specifications

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Truck # \_\_\_\_\_ Color \_\_\_\_\_  
License PLT# \_\_\_\_\_ Factory Rated Capacity \_\_\_\_\_

### Tank Specifications

Capacity (1250-gal min for pumping) \_\_\_\_\_  
Tank Material \_\_\_\_\_  
Type of Overfill Protection Positive Valve \_\_\_\_\_  
Level Indicator \_\_\_\_\_

### Truck Specifications

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Truck # \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Factory Rated Capacity \_\_\_\_\_

### Tank Specifications

Capacity (1250-gal min for pumping) \_\_\_\_\_  
Tank Material \_\_\_\_\_  
Type of Overfill Protection Positive Valve \_\_\_\_\_  
Level Indicator \_\_\_\_\_

You must have truck/tanker inspections completed within the past 90 days.

We accept:

- King County truck inspections with verified PC Health Department registration numbers on signed King County truck reports only.
- WOSSA truck and above-ground tank inspection reports.

Schedule a truck or above-ground tank inspection with:

- Renée Avelino at [ravelino@tpchd.org](mailto:ravelino@tpchd.org) or (253) 798-2831.
- WOSSA at (253) 770-6594.

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EH Certified Professionals  
3629 South D St., MS 1035  
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