

2019 Non-Septage Hauler 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:
 L & I Exp Date:
 Date Data Entered:

If you check the categories below you must complete pages 2 and 3 of this application.

- Leachate Hauling
- Fats, Oils and Grease Pumping
- Site Specific Pumping for _____

Additional Requirements

- Include fee(s).
- 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 a **Hauler** 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.

2019 Septage Hauler Application

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

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 inspections completed within the past 90 days. We accept:

- King County truck inspections only when the Health Department registration number is verified on the signed King County truck report.
- WOSSA truck and above-ground tank inspection reports.

Schedule a truck or above-ground tank inspection with:

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

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Validation-Trucks