Public Health
Seattle & King County

Submit report to:

Environmental Health Services, 14350 SE Eastgate Way, Bellevue, WA 98007

WASTEWATER TANK PUMPING REPORT FORM

Company Name_____**Month and Year**_____

Date Pumped	Customer Address/City/Zip Code	No. of Gallons	Sewage/Effluent Discharging upon Surface of Ground or to Surface Waters?	Any Sewage or Septage Spill by Pumper? If Yes, Give Location, Approx. No. of Gallons, and Description of Cleanup Activities.

◆ **Certificated Pumper Must Sign:**

I certify, to the best of my knowledge, that the above information is true, accurate and complete.

_____
Signature