

## **Checklist for Pumper Business Owner and/or Liquid Waste Hauler Certificate**

- **Business Owner Application for Certificate of Competency**  
To be completed by the business owner.
- **Pumper Employee Application for Certificate of Competency** A separate application for renewal is required for the pumper employee (i.e. any employee who services OSS sewage tanks and/or transports sewage). The completed application is to be signed by the business owner.
- **Completion of at least 1 annual Continuing Education Unit (CEU)**  
The business owner **and** OSS pumper employees must complete at least 8 contact hours of participation in an organized educational experience acceptable to the health officer pertaining to on-site sewage treatment and disposal.
- **Liquid Waste Vehicle Inspection Report**  
All vehicles must pass inspection per code requirements.
- **Disposal Site Authorization Letter**  
The business owner must obtain written approval from the waste receiving authority. (Note: For pumpers that use only the Renton Treatment Plant for liquid waste disposal, the authorization may be applied for via the vehicle inspection process.)  
**Proof of passed exam (for New Application for Certificate of Competency)**
- **Labor and Industries specialty or general contractor's license**  
State of Washington minimum bonding requirements and contractor's liability is required for the pumping business owner/firm. Contact Information:  
  
Department of Labor and Industries  
Contractor Registration Section  
P.O. Box 44450  
Olympia WA 98504-4450  
  
Phone 360-902-5226  
Fax 360-902-5228
- **Monthly pumping reports**  
Reports must be current (i.e. up to date).

# Public Health

## Seattle & King County



Seattle & King County Dept of Public Health  
Environmental Health  
14350 SE Eastgate Way,  
Bellevue, WA, 98007  
Phone (206) 477-8050

### PUMPER BUSINESS OWNER APPLICATION FOR CERTIFICATE OF COMPETENCY

Check one: **Renewal** **New Business** (Business owner / operator must pass examination before beginning operation number

Complete the following: **Number of OSS Pumper Employees:** **Number of Liquid Waste Vehicles:**

**NOTE: ENTRIES MUST BE LEGIBLY PRINTED OR TYPED.**

#### PART I – Company Information

Business Name: \_\_\_\_\_ K.C. Registration # **KC** \_\_\_\_\_ (renewal)

Business Location Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Mailing City: \_\_\_\_\_ Business Mailing State: \_\_\_\_\_ Business Mailing Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contractor License No. (L& I Specialty or General) \_\_\_\_\_ Expiration date: \_\_\_\_\_

Full Name of Business Owner : \_\_\_\_\_

Place of Residence/Address: \_\_\_\_\_

☐ Partnership ☐ Corporation ☐ Single Proprietor  
(if partnership, list all partners, if corporation, list all officers) Attach additional sheet if necessary

	Name	Address	Phone
1.	_____	_____	( ) _____
2.	_____	_____	( ) _____
3.	_____	_____	( ) _____

#### PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interceptor Pumper  
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper ☐ Other: \_\_\_\_\_

#### PART IV – FEES

(fee schedule available at the following web page:  
<http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx>)

Business owner	(1) X \$275.00 =	\$275.00
Pumper Employee(s)	( ) X \$120.00 =	
Vehicle Inspection Tab Fee	( ) X \$110.00 =	\$
Total Public Health Related Fees =		\$

#### DATE RECEIVED.

(late fees apply after January 15, 2020)

#### PART V - SIGNATURE

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETENCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

For Health Department Use Only:

Fees Paid = \$ \_\_\_\_\_ ☐ Approved ☐ Disapproved Certificate Number KC \_\_\_\_\_

OnlineRME ID \_\_\_\_\_ Remarks: \_\_\_\_\_

Health & Environmental Investigator: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: