

DISPOSAL SITE LETTER OF AUTHORIZATION

Applicant: Fill out the top part and submit copies of this form/letter to (1) the disposal site operator and (2) the sewer utility for authorization. Return the completed form with your application to:
Eastgate District Health Center, 14350 SE Eastgate Way, Bellevue, WA 98007 (206) 296-4932

 Name of Firm Name of Applicant

 (____)

 Address City Zip Phone

Boundaries of Collection Area: _____

Disposal site to be used: _____
 Name of Site

 Address

Disposal of wastes from: ☐ Wastewater tanks ☐ Vessel sewage holding tanks ☐ Other
☐ Grease traps/interceptors ☐ Portable toilets _____

Disposal site owner/operator should complete #1 and #3; sewer utility/authority should complete #2 and #3, below.

1. Firm or agency owning/operating disposal site _____

 (____)
 Mailing Address City Zip Phone

Person authorizing sewer use:

 Print Name Position Signature

2. Name of sewer utility/authority

 (____)
 Mailing Address City Zip Phone

Authorized by:

 Print Name Position Signature

3. Time period of authorization _____ to _____
 Date Date

Authorization Permit or Account No. _____

Authorized Collection Vehicles (For additional vehicles attach a separate sheet of paper with the information requested)

Make and Model	License Number	Capacity in Gallons

Comments/remarks (by disposal site owner or sewer utility/authority): _____
