



APPLICATION FOR A PERMIT TO OPERATE AS A SEPTIC TANK PUMPER

1. Name of Business: _____
2. Owner of Business: _____
3. Business Manager: _____
4. Business Address: _____
5. Mailing Address: _____
6. Business Phone#: _____
7. Disposal Sites:
a. _____
b. _____
c. _____

8. Indicate below the motor vehicle(s) utilized in cleaning and pumping sewage disposal systems:

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle License Number			
Size of Storage Tank			

I hereby certify that the above information is true and accurate.

Signature of Applicant

Date

Permit Fee: Annual (January 1 – December 31)

To pump septic tanks in Columbia County, please fill out the enclosed application and send it, along with permit fee of \$100 per calendar year, to the Columbia County Public Health.

Approved By-Environmental Health Generalist

Date

PAYMENT OPTIONS

In person at 112 N. 2nd St; Dayton, WA. 99328
Please make checks payable to Columbia County Public Health,
Over the phone at 509-382-2181 or
Online at http://agent.pointandpay.net/pointandpay_counter/

COLUMBIA COUNTY PUBLIC HEALTH USE ONLY

DATE_____ PMT TYPE- Credit Card_____ Check_____ Cash_____ RECEIPT#_____ INITIALS_____