Whatcom County Health Department

ON-SITE SEWAGE SYSTEM MAINTENANCE ADDENDUM

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

Date of Maintenance _____ Tax Parcel # _____

Site Address _____ City _____

Owner _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Type of maintenance completed ***(please print clearly and attach more pages or copies of invoices if necessary)*:**

I certify that I have performed the OSS maintenance on the above referenced property. The information submitted above is true and correct.

_____ _____ _____
Signature Print Date

Mailing Address _____ Phone Number _____

City/State/Zip _____ Email _____