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

WHATCOM COUNTY HEALTH DEPARTMENT
PUMPER REPORT FORM

YEAR _____ **MONTH**_____ **PUMPER COMPANY** _____

DATE	NAME	ADDRESS	TAX PARCEL NUMBER	TANK SIZE	GALLONS PUMPED	DISPOSAL SITE
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						

All information must be legible & submitted to WCHD no later than one week after the last day of the month

TOTAL	

Signature of Licensed Pumper_____ Date_____

Health Department Review By_____ Date_____

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