

SEPTAGE DISPOSAL AUTHORIZATION LETTER

Department of Environmental Health,
14350 SE Eastgate Way, Bellevue, WA 98007
(206) 477-8050



Applicant: Complete the top portion and submit copies of this form/letter to (1) the disposal site operator and (2) the sewer utility for authorization. Return the completed form to address above.

Name of Liquid Waste Pumper / Hauler Company or Owner _____

Address _____ City _____ Zip _____ Phone _____

Boundaries of Collection Area: _____

Disposal facility to be used: _____

Name of Disposal Facility _____

Location Address of Disposal Facility _____

Disposal of wastes from: Wastewater tanks Grease traps/interceptors Portable toilets
 Vessel sewage holding tanks Other (e.g. Sewage Vactor) _____

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 _____

2. Sewer Utility/Authority Contact

Mailing Address _____ City _____ Zip _____

E-mail Address _____ 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	Company ID # (opt.)

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

