



WHATCOM COUNTY HEALTH DEPARTMENT
PUMPER REPORT FORM

509 Girard Street
 Bellingham, WA 98225
 Telephone: 360-778-6000
 Fax: 360-778-6001

YEAR	MONTH		PUMPER COMPANY			
DATE	PROPERTY OWNER NAME	SITE ADDRESS	TAX PARCEL NUMBER	TANK SIZE	GALLONS PUMPED	DISPOSAL SITE
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						
comments:						

<i>All information must be legible & submitted to WCHD no later than <u>5 business days</u> after the last day of the previous month.</i>						
					TOTAL	

Signature of Licensed Pumper: _____ Page _____ of _____