



Whatcom County Health Department  
**ON-SITE SEWAGE SYSTEM  
MAINTENANCE ADDENDUM**

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

Date of Maintenance \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Site Address \_\_\_\_\_ Property ID: \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Attention: Complete all fields if submitted as a standalone document**

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

Type of maintenance completed. Please indicate if no 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 \_\_\_\_\_