



**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:						
comments:						

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

Signature of Licensed Pumper: _____ Page _____ of _____