Skagit County Public Health

Monica Negrila, Director
Howard Leibrand, M.D., Health Officer

EH Permit ID:_____
Fee:_____
Date:_____
Received by:_____

2027 ON-SITE SEWAGE SYSTEM OPERATIONS & MAINTENANCE (O&M) SPECIALIST CERTIFICATE APPLICATION

New O&M Provider: ☐ Level 1 ☐ Level 2

1. Complete Application
2. Must have and maintain a current registration with Washington State Office of the Secretary of State and Department of Revenue, as required by business type
3. Pass a written examination approved by the Health Officer
    a. Level 1 O&M Provider
        i. Must pass the WOSSA O&M Level 1 examination, or equivalent
    b. Level 2 O&M Provider
        i. Must pass the WOSSA O&M Level 2 examination, or equivalent, in addition to any product specific training requirements
4. Demonstrate any combination of training that is determined by the Health Officer to be equivalent to:
    a. Level 1 O&M Provider
        i. Four CEUs (*32 credit hours*) of Health Officer approved training;
        ii. Thirty-Two hours of training related to the operation, monitoring, or maintenance of OSS within the preceding five years; or
        iii. Two years of full-time equivalent experience providing OSS O&M services within the preceding five years
    b. Level 2 O&M Provider
        i. Eight CEUs (*64 credit hours*) of Health Officer approved training;
        ii. Sixty-Four hours of training related to operation, monitoring, or maintenance of OSS within the preceding five years; or
        iii. Four years of full-time equivalent experience providing OSS operation, monitoring, and maintenance services within the preceding six years; and
        iv. Documented training and experience must include proficiency with mounds, drip irrigation, and company specific approval for individual proprietary systems
5. Pay all fees applicable for installer certification

Renewal: ☐ Level 1 ☐ Level 2

1. Complete Application
2. Document one CEU *(8 credit hours)* of Health Officer approved training within the previous 12 months applicable to OSS operation, monitoring, or maintenance. The submitted CEUs certification shall not have been used to meet previous certification or renewal CEU requirements
3. Have no outstanding inspection reports for inspections completed in the previous 12 months
4. Pay all fees applicable for O&M certification

Please Print

Business Name:_____ WA State Business #(UBI):_____

Mailing Address:_____

Physical Address:_____

Phone:_____ Email:_____

Email for publication on provider list:_____

☐ Spanish? *Please check this box if you would like us to note on the provider list that there is a Spanish speaker avail.*

I, _____, of _____
(O&M Provider - Print Name) (Business Name)

hereby submit my completed application, supporting documents, and required application fee for the profession of On-Site Sewage System Operations & Maintenance Specialist which includes the operation, monitoring, and maintenance of septic systems for commercial and residential use in Skagit County, and includes the inspection, service, and repair of all components of septic systems in order to comply with Skagit County Sewage Code. I have read and understand the Rules and Regulations of the Skagit County On-Site Sewage Code (SCC 12.05) governing on-site sewage systems, including that I must:

- Submit on-site sewage system reports (routine and follow-up inspection reports) to the Health Office within 30 days of the inspection for all inspections, and within 7 calendar days when a potential failure is identified.

Signature of provider:_____ Date:_____

Incomplete applications will be returned to the applicant and not processed

Completed applications and applicable fees can be submitted by mail with a check to Skagit County Public Health, 301 Valley Mall Way Suite 110, Mount Vernon, WA 98273.

If you would like to pay over the phone by debit/credit card, a completed application must first be received and signed off. A 3% processing fee may be assessed.

EH Staff Use Only:

☐ All required documents received	Outstanding Reports	☐ Yes	☐ No
☐ Applicable fees paid	Provider Level	☐ 1	☐ 2
☐ CEUs approved			
☐ Active UBI#	☐ RME ID Active		