



Requirements for Onsite

Certifications

CERTIFIED PUMPER

- Certification Application Form completed
- Inspection Fee of \$100.00 Inspection <1 hour, additional time billed per hour.
- Inspection of pump truck(s).
 - Name displayed on both sides of vehicle.
 - At least 1000-gallon capacity.
 - Valves, fitting, hoses watertight and in good condition.
- Annual fee of \$305.00.

CERTIFIED INSTALLER

- Certification Application Form completed.
- Pass WOSSA Installers Exam (level 2). Provide copy of completion and score.
- Verification of current status as a Specialty or General Contractor.
- Evidence showing a minimum of one (1) years' experience working with a certified installer.
- Annual fee of \$305.00.

CERTIFIED OPERATION & MAINTENANCE SPECIALIST

- Certification Application Form completed.
- Pass WOSSA Operations and Maintenance Exam. Provide copy of completion and score.
- Evidence showing a minimum of one (1) years' experience working with a certified O/M S
- Annual fee of \$305.00.

INCLUSION ON MASON COUNTY DESIGNERS LIST (not required to design in Mason County)

- Certification Application Form completed.
- Copy of Designers License
- Annual fee of \$40.00

- *Despite time of year certification fee is paid or application is made, certifications are only good until the end of the current calendar year.*
- *At start of each year, current certified professionals will be billed for re-certification*
- *Septic Designers are licensed through the State of Washington. Mason County maintains a list of Septic Designers available to the public. The annual fee is for inclusion on this list.*



MASON COUNTY

Public Health & Human Services

2025 Onsite Certification Fee Schedule	
Installers -----(Annual Fee) -----	\$305.00
O/M Specialist -----(Annual Fee) -----	\$305.00
Pumpers -----(Annual Fee) -----	\$305.00
(Inspections)-----	\$100.00
Designer List Inclusion---(Annual Fee) -----	\$40.00

Onsite Certification Application

Application Type: New Renewal

Certification Type: Installer Pumper O/M Specialist Designers List Inclusion

Locating Services: Yes No

Applicant Name: _____

Company Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Business Phone Number (used on lists): _____

Other Phone Number (cell): _____

Email Address (required): _____

For Installers Only:

Bonding Company Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Policy Number: _____

Expiration Date: _____ Policy Amount: _____

For Pumpers Only: Truck Data

Make: _____ Model: _____ Year: _____ Color: _____

State of Registration: _____ Registration Number: _____

Capacity (gallons): _____

Location of Disposal: _____