



Thurston County Public Health and Social Services Department
Environmental Health Division

Nonpoint Source Pollution Ordinance Inspection Checklist

Business Name _____ Phone _____
 Business Owner _____ Birthdate _____
 Address _____ City _____ Zip _____
 Compliance Officer _____ Issue Date _____ Time _____
MODERATE RISK WASTE: _____ **Avg. Qty/Mo** _____

NOTICE OF COMPLIANCE

NO MODERATE RISK WASTE GENERATED.
 Explain: _____

RECYCLED Type of system: _____
 ON-SITE Qty/Mo: _____ Date of installation: _____

SENT Vendor: _____ Phone: _____
 OFF-SITE Qty/Mo: _____ Date of last shipment: _____
 Documentation verified.

SECONDARY CONTAINMENT ADEQUATE. _____

NOTICE OF VIOLATION

I find you in violation of Thurston County Sanitary Code, Article VI, Section 4.1(a), 4.1.(b) OR 4.1(c) as specified below:
 Description of violation: _____

 Corrective action to be taken by _____ (date) will be as follows: _____

See reverse for important information on your right to appeal this notice of violation.

Compliance officer: _____ Date: _____

Received by: _____ Date: _____

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