Submit Completed Form to:
Department of Environmental
Quality - Onsite Program
165 E 7th Ave, Suite 100
Eugene OR 97401

541-686-7905
Toll-free in Oregon
800-844-8467

DEQ
State of Oregon
Department of
Environmental
Quality

Sewage Disposal Service License
Pumping Equipment
Inspection Form

Type or print clearly in dark ink

Official Use Only

Vehicle License # _____

DEQ License # _____

Tag # _____

Tag Expiration Date _____

Notes _____

_____

☐ New Vehicle with New License   ☐ Additional Vehicle for Existing License   ☐ Vehicle replacement (return old tags)
License # _____   License # _____

Exact business name (this name must match your application and bond	Business name on vehicle
Assumed business name	Phone number
Mailing address	Physical address
City, state, zip	City, state, zip
Truck license plate number	Trailer license plate number
Vehicle make and color	Trailer make and color
Tank capacity	

Please answer all of the following questions:

Yes No
☐ ☐   Is the equipment used to clean chemical toilets? (Minimum tank capacity is 150 gallons)
☐ ☐   Is the equipment used to pump septage from septic tanks, holding tanks, vault toilets, privies or other domestic sewage treatment facilities? (Minimum tank capacity is 550 gallons)
☐ ☐   Is equipment used to pump industrial or commercial tanks, vaults sumps or other facilities containing liquid waste other than septage? If yes, identify that which is pumped, and include copy of letter of authorization for use.
_____

☐ ☐   Does the equipment comply with the equipment specification described in OAR 340-071-0600?
☐ ☐   Is the exact business name on this form the same name that is on your SDS Bond and Application?
☐ ☐   Is the exact name of the business displayed on each side of the vehicle or attached tank, or both sides of the trailer in letters at least 3 inches high and in a contrasting color to the vehicle?
☐ ☐   Is the gallon capacity of the tank displayed on each side of the tank in letters at least 3 inches high and in a contrasting color to the vehicle?
☐ ☐   Is this your only vehicle? If not, how many vehicles do you have including this one? _____ Enclose a $16 fee for each vehicle over the first that you have.

List each disposal site you are authorized to use below. Also include a letter of authorization or agreement from each disposal site that allows you to dispose with that location for the duration of the new license period.

_____
Disposal Site Name, address and phone number
_____
Disposal Site Name, address and phone number

By my signature below, I certify that all the information provided with this application is true and accurate to the best of my knowledge.

_____   _____   _____
Signature of Licensee (No stamps)   **Title**   **Date**

Complete this side of the form and present it to the DEQ or County Inspector. When the inspection is complete, return the original form to the address above <u>WITH</u> your license application.

ONLY SIGN THIS FORM IF ALL REQUIREMENTS OF THE RULE ARE MET

What is the exact business name and license plate number on the vehicle?

_____   _____   _____
Business name printed on vehicle   Truck license plate #   Trailer license plate #

Yes   No   (Only sign this form if all questions can be answered yes)

☐   ☐   1. Does the business name and license plate number printed on the front of this form exactly match the vehicle you are inspecting?

☐   ☐   2. Is the exact business name displayed on both sides of the cab or tank, and both of sides of a trailer mounted tank in letters at least three inches high and in a color contrasting with the vehicle?

☐   ☐   3. Is the tank capacity displayed on both sides of the tank in letters at least three inches high and in a color contrasting with the vehicle?

☐   ☐   4. Is the tank metal and of watertight construction?

☐   ☐   5. Is the tank provided with suitable covers to prevent spills?

☐   ☐   6. Is there a pump present? Self-priming or vacuum- specify: _____

☐   ☐   7. Are service hoses and caps for hoses provided?

☐   ☐   8. Is adequate storage for hoses provided?

☐   ☐   9. Are vehicle hoses in good condition and have they been drained?

☐   ☐   10. Is discharge nozzle positioned to minimize flow or drip onto vehicle?

☐   ☐   11. Is discharge nozzle outlet orifice fitted with a threaded cap or camlock coupling?

☐   ☐   12. Is the discharge nozzle protected from accidental damage or breakage?

☐   ☐   13. Are spreader gates absent?

☐   ☐   14. Is vehicle supplied with a pressurized washdown tank, disinfectant and clean up implements?

☐   ☐   15. Is the overall appearance of the vehicle clean and sanitary?

Comments/Corrections: _____

_____

_____

_____

I have completed an inspection of the vehicle described by me above and have determined its markings, pumps, tanks, allied equipment and washdown furnishings all comply with section 340-071-0600 (11) and (12).

_____   _____
Signature   Title

_____   _____   _____
Office   Phone number   Date

**** Complete in ink only and return original to Licensee***