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| <b>Submit Completed Form to:</b><br>Department of Environmental Quality - Onsite Program<br>165 E 7 <sup>th</sup> Ave, Suite 100<br>Eugene OR 97401<br><br>541-686-7905<br>Toll-free in Oregon<br>800-844-8467 | <br><b>Sewage Disposal Service License Pumping Equipment Inspection Form</b><br><br>Type or print clearly in dark ink | <p style="text-align: right;"><u>Official Use Only</u></p> Vehicle License # _____<br>DEQ License # _____<br>Tag # _____<br>Tag Expiration Date _____<br>Notes _____<br>_____ |
|--|--|---|

|   |  |   |                                       |   |  |
|---|--|---|---------------------------------------|---|--|
| <input type="checkbox"/> New Vehicle with New License (1 <sup>st</sup> vehicle fee included, \$16 ea. addl) |  | <input type="checkbox"/> Additional Vehicle for Existing License SDS Lic. # _____ |                                       | <input type="checkbox"/> Vehicle replacement (return old tags) SDS Lic. # _____ |  |
| 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 or VIN #   |  |   | Trailer license plate number or VIN # |   |  |
| Vehicle make and color  |  |   | Trailer make and color                |   |  |
| Tank capacity   |  |   |                                       |   |  |

**Please answer all of the following questions:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the equipment used to clean chemical toilets? (Minimum tank capacity is 150 gallons)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| _____                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the equipment comply with the equipment specification described in OAR 340-071-0600?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the exact business name on this form the same name that is on your SDS Bond and Application?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this your only vehicle? If not, how many vehicles do you have including this one? _____ (For new applications, enclose \$16 for this vehicle if you checked yes to this question and have more than 1 vehicle.)                 |

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 WITH your license application.**

FOR DEPARTMENT OR CONTRACT AGENT USE ONLY- COMPLETE IN INK

**\*\*\*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 or VIN # \_\_\_\_\_ Trailer license plate or VIN # \_\_\_\_\_

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

- 1. Does the business name and license plate/VIN 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\*\*\*\***