

RETURN APPLICATION TO:

**DEPARTMENT
OF ENVIRONMENTAL QUALITY
WATER QUALITY DIVISION
ONSITE WASTEWATER
TREATMENT PROGRAM**

165 E 7th Ave, Suite 100
Eugene OR 97401
541-686-7905 -or-
800-844-8467 x 7905

**SEWAGE PUMPING
EQUIPMENT DESCRIPTION/VEHICLE
INSPECTION FORM**

STATE OF OREGON

DEQ USE ONLY

VEHICLE LIC. #: _____
DEQ LICENSE NO.: _____
TAG EXP. DATE: _____
TAG NO.: _____

NOTES:

APPLICANT — Please print legibly:

Complete this side of the form and have a representative from the **Department of Environmental Quality** or **County Contract Agent** inspect the vehicle and complete the back side. A separate form is required for each of your vehicles.

<i>Exact Business Name</i>		<i>Registered Owner of Pumping Equipment / Vehicle</i>	
_____		Pumper Truck	Tank Trailer
<i>Name of Corporation or LLC, if Applicable</i>		<i>Vehicle License Plate No.</i>	<i>Trailer License Plate No.</i>
_____		_____	_____
<i>Street Address Vehicle Normally Parked at Overnight</i>		<i>State</i>	<i>State</i>
_____		_____	_____
<i>City</i>	<i>State</i>	<i>Motor Vehicle Make</i>	<i>Color</i>
() _____	_____	_____	_____
<i>Business Phone</i>		<i>Tank's Septage Capacity — Gallons</i>	<i>Tank Trailer Septage Capacity — Gallons</i>
_____		_____	_____
<i>Business Mailing Address</i>			
_____	_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip</i>	

CHECK APPROPRIATE BOX:

Yes No

- 1. Is equipment used to clean **chemical toilets?** (Minimum pumping equipment tank capacity of 150 gallons)
- 2. Is equipment used to **pump septage (human waste) from septic tanks, holding tanks, vault toilets, privies, or other domestic sewage treatment facilities?** (Minimum pumping equipment tank capacity of 550 gallons)
- 3. **Is equipment used to pump industrial or commercial tanks, vaults, sumps or other facilities containing liquid waste other than septage?** If Yes, please identify the non-septage liquid waste you plan to pump, transport, and dispose of: _____
- 4. The sewage pumping equipment complies with the equipment specifications described in OAR 340-71-600?
- 5. Is the **exact business name** on this form the same as on your license application?
- 6. The **exact name the business is conducted under** is displayed on each side of the vehicle cab in letters three (3) or more inches high (unless otherwise authorized by DEQ), and in a contrasting color? If the septage tank is mounted on a trailer, the exact business name is displayed on each side of the tractor cab, or tank, and each side of the trailer-mounted tank?
- 7. The **septage capacity of the tank** is displayed on each side of the tank in letters three (3) or more inches high, (unless otherwise authorized by DEQ), and in a contrasting color?
- 8. Is this vehicle identified in your **Septage Management Plan?**
- 9. Have you enclosed a **letter** from each **Disposal Site/Facility** listed in item No.10 documenting that septage will be received at that location from your business through the current license year?

10. **Disposal Site / Facility Name** (Attach additional if needed) **Disposal Site / Facility Location**

A. _____

B. _____

BY MY SIGNATURE, I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature Title Date

PRINT NAME: →→→ _____

Attach this form to your license application or mail to the above address.

FOR DEPARTMENT OR CONTRACT AGENT USE ONLY

CHECK APPROPRIATE BOX:

Yes No

- 1. **VEHICLE DESCRIPTION(S), LICENSE PLATE NUMBER(S), and BUSINESS NAME listed on reverse side of this form correspond "EXACTLY" with those on the vehicle(s) examined?**
- 2. **THE EXACT BUSINESS NAME, as indicated on the front side of this form, is displayed on each side of the cab, or tank and each side of trailer mounted tank in letters three (3) inches in height (unless otherwise authorized by DEQ), and in a contrasting color?**

IMPORTANT→ a. Please print the business name you see on the vehicle(s), and the license plate number(s):

Exact Business Name as Printed on Vehicle

Truck License No.

Trailer License No.

- 3. The tank capacity is printed on both sides of the tank in letters three inches in height (unless otherwise authorized by DEQ), and in a contrasting color?
- 4. Tank — metal, watertight construction?
- 5. Tank — provided with suitable covers to prevent spillage?
- 6. Pump — self priming, vacuum? If not vacuum — specify: _____
- 7. Service hoses and caps for hoses provided?
- 8. Adequate storage area for hoses provided?
- 9. Vehicle hoses have been drained and are in good condition (not worn, leaking, or patched)?
- 10. Discharge nozzle — located to minimize flow or drip onto pumping vehicle?
- 11. Discharge nozzle — outlet orifice provided with threaded cap or camlock coupling?
- 12. Discharge nozzle — protected from accidental damage or breakage?
- 13. Spreader gates absent?
- 14. Pumping vehicle equipped with pressurized washdown tank, disinfectant and cleanup implements?
- 15. Overall vehicle — clean sanitary appearance?

COMMENTS: _____

I have completed an inspection of the vehicle described and have determined its markings, pumps, tanks, container, allied equipment and washdown furnishings comply with Section 340-71-600(11) and (12) and therefore recommend permission be granted to operate said equipment.

Signature of Authorized Agent

Title

Office

Phone No.

Date

REMEMBER, ONLY SIGN IF VEHICLE COMPLIES WITH ALL OF THE ABOVE.