


<p>Submit Completed Form to:</p> <p style="text-align: center;">Department of Environmental Quality Business Office 165 E 7th Ave, Suite 100 Eugene OR 97401-3049</p> <p style="text-align: center;">541-686-7905 Toll free in Oregon 800-844-8467</p>	 <p style="margin: 0;">State of Oregon Department of Environmental</p>	<p>Sewage Disposal Service 2023 License Renewal Pumping Equipment Inspection Form</p> <p>License Fee: 1st vehicle N/C, \$16 each additional vehicle (Inspection fee additional, see agent)</p>	<p style="text-align: center;"><u>Official Use Only</u> <u>Forward to Onsite Septic Program</u></p> <p>Vehicle License # _____</p> <p>DEQ License # _____</p> <p>Tag # _____</p> <p>Tag Expiration Date _____</p> <p>Notes _____</p> <p>_____</p>
<p>Please print legibly and in ink. Complete all requested information on page 1 before inspection. Responsible Official must sign.</p>			
Exact Business Name (this name must match your license)		SDS License No.	
Assumed Business Name		Phone No.	
Mailing Address		Physical Address (where truck is parked overnight)	
City, State, Zip		City, State, Zip	
Truck License Plate Number/State		Trailer License Plate Number/State	
Vehicle Make and Color		Trailer Make and Color	
Tank Capacity			
<p>Please answer all of the following questions on this page. DO NOT write anything on 2nd page.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the equipment used to clean chemical toilets? (Minimum tank capacity is 150 gallons)</p> <p><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)</p> <p><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. _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Does the equipment comply with the equipment specification described in OAR 340-071-0600?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the exact business name on this form the same name that is on your SDS License?</p> <p><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?</p> <p><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?</p> <p>How Many vehicles do you have that need DEQ ID stickers? _____</p> <p>What DEQ ID sticker number is on this vehicle? _____ (upper left of tag, <u>NOT</u> license #)</p> <p>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 .</p> <p>_____</p> <p>Disposal Site Name, address and phone number</p> <p>_____</p> <p>Disposal Site Name, address and phone number</p> <p>_____</p> <p>Disposal Site Name, address and phone number</p>			
<p>By my signature below, I certify that all the information provided with this application is true and accurate to the best of my knowledge.</p>			
Signature of Owner or Member (No stamps)		Title	Date
<p>Complete this side of the form <u>only</u> and present it to the DEQ or County Inspector. When the inspection is complete, scan with online renewal and return the original form to the address above.</p>			



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 # _____ Trailer license plate # _____

Are there 4 DEQ ID tags on the vehicle _____ ID tag # (upper left corner) _____

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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the business name and license plate number printed on the front of this form exactly match the vehicle you are inspecting? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the tank metal and of watertight construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is the tank provided with suitable covers to prevent spills? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a pump present? Self-priming or vacuum- specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are service hoses and caps for hoses provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is adequate storage for hoses provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are vehicle hoses in good condition and have they been drained? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is discharge nozzle positioned to minimize flow or drip onto vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is discharge nozzle outlet orifice fitted with a threaded cap or camlock coupling? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the discharge nozzle protected from accidental damage or breakage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are spreader gates absent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Is vehicle supplied with a pressurized washdown tank, disinfectant and clean up implements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Is the overall appearance of the vehicle clean and sanitary? |

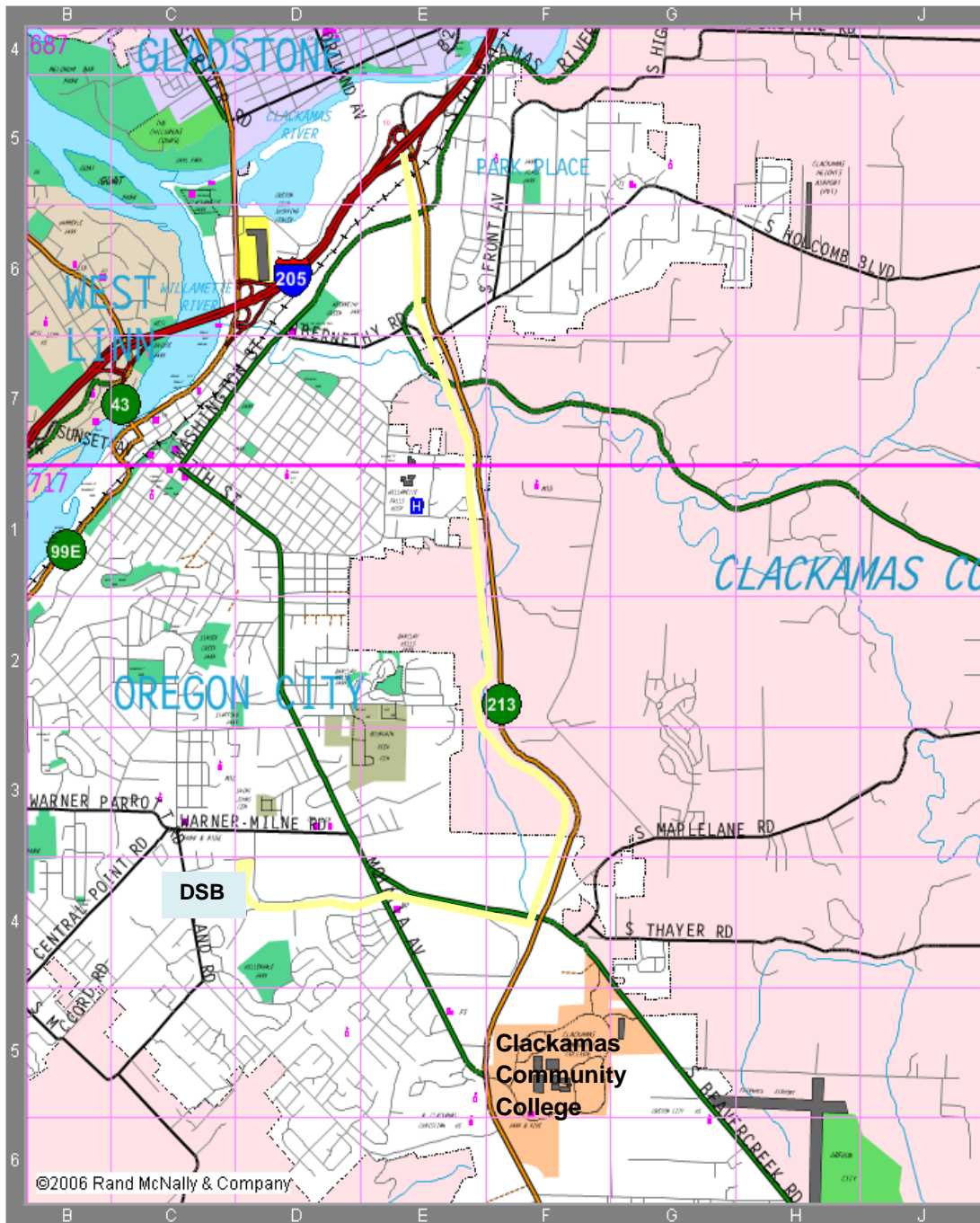
Comments/Corrections: _____

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 _____

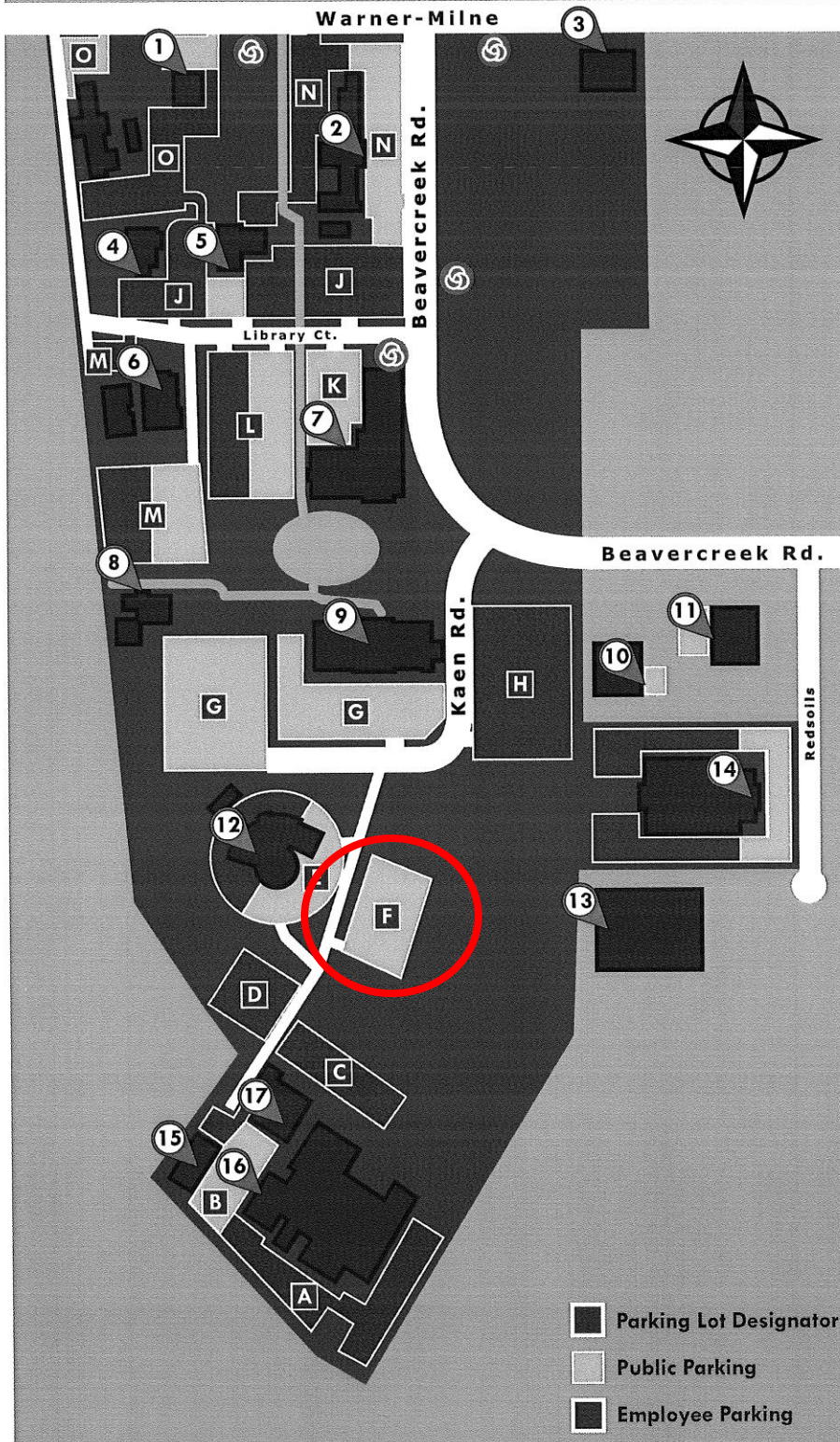
****** Complete in ink only and return original to Licensee******



Park in the gravel parking area F on the map behind the Public Services Building (9) at 2051 Kaen Rd, Oregon City.

We will meet you out there at your appointment time.

RED SOILS CAMPUS



- 1 OSU Extension**
- 2 Community Health**
- 3 Shaver Building**
- 4 Technology Services Annex**
- 5 Technology Services**
- 6 Behavioral Health**
Oregon City Hilltop
- 7 Development Services Building**
Assessment & Taxation
Building Codes
Business & Economic Development
Clackamas County Parks
Community Environment
Transportation & Development
Development Agency
Engineering
North Clackamas Parks & Rec District
Planning
Surveyor's Office
Sustainability
Tourism & Cultural Affairs
Water Environment Services (WES)
- 8 Behavioral Health**
Stewart Community Center
- 9 Public Services Building**
Administration
Board of County Commissioners
Board of Property Tax Appeals
Community Health
County Clerk
Employee Services
Family Court Services
Finance
Office of Children and Families
Public and Government Relations
Recording
Social Services
Treasurer
- 10 Records Management**
- 11 DA Family Support**
- 12 Juvenile Services**
- 13 Weatherization**
- 14 Central Utility Plant**
Elections
Veterans' Affairs
- 15 Sheriff**
- 16 Adult Detention Facility**
- 17 Emergency Operations Center**