


Submit Completed Form to: Department of Environmental Quality - Onsite Program 165 E 7 th Ave, Suite 100 Eugene OR 97401 541-686-7905 Toll-free in Oregon 800-844-8467	 Sewage Disposal Service License Pumping Equipment Inspection Form Type or print clearly in dark ink	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">Official Use Only</div> Vehicle License # _____ DEQ License # _____ Tag # _____ Tag Expiration Date _____ Notes _____ _____
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<input type="checkbox"/> New Vehicle with New License <input type="checkbox"/> Additional Vehicle for Existing License <input type="checkbox"/> 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 | |
| <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? _____ 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
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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 # _____ Trailer license plate # _____

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: _____

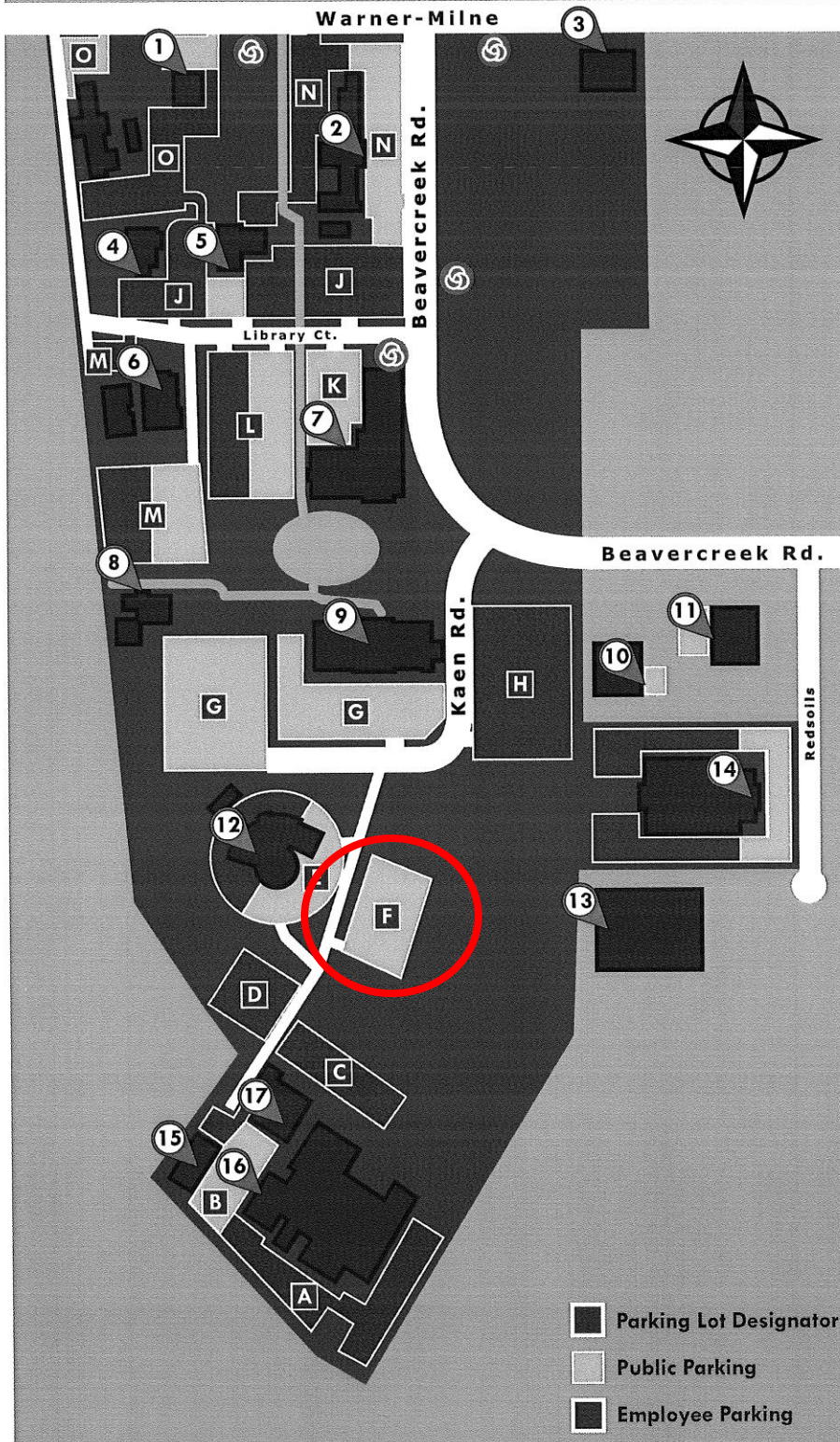
I have completed an inspection of the vehicle described by me above and have determined its markings, pumps, tanks, allied equipment and washdown furnishings all comply with section 340-071-0600 (11) and (12).

Signature _____ Title _____

Office _____ Phone number _____ Date _____

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

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**