State of Oregon
DEQ Department of Environmental Quality

DEQ USE ONLY
Vehicle Lic#
DEQ Lic.#
Tag #
Tag Exp:
Notes:

Sewage Disposal Service License Renewal

Pumping Equipment Inspection Form

Please print legibly and in ink. Complete all requested information on page 1-2 before inspection. The Responsible Official must sign. Use of incorrect form will result in return and delay in issuance.

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:	

Yes	No	Answer each question below
☐	☐	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 License?
☐	☐	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?

How many vehicles do you have that need DEQ ID stickers for this renewal?	
What DEQ ID sticker number is on this vehicle? (upper left of tag, **NOT** license #)	

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

Disposal site name, address and phone number

Instructions

Use of incorrect form will result in return and delay in issuance.

Accurately complete the first two pages prior to vehicle inspections; Give the complete 3-page form to the inspector for their completion;

Get the completed form back from the inspector, upload it to the YDO portal in your renewal application.

Mail the original form to: DEQ at 165 E 7th Ave, Suite 100, Eugene OR 97401

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 Title

Date

Non-discrimination statement

DEQ does not discriminate on the basis of race, color, national origin, disability, age, sex, religion, sexual orientation, gender identity, or marital status in the administration of its programs and activities. Visit DEQ's Civil Rights and Environmental Justice page.

FOR DEPARTMENT OR CONTRACT AGENT USE ONLY- COMPLETE IN INK

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:**
☐	☐	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*****