LIQUID WASTE PUMPING VEHICLE INSPECTION REPORT

Date of Inspection: _________

OWNERSHIP
Name________________________________________________________________________ Phone # ______________
Business Address ____________________________________________________________________________________________________

VEHICLE DESCRIPTION
Make _______________________ Model ______________________Year ______________ License #________________
Color _______________________ Tank Capacity_____________________

1. Are name, address, telephone number and tank capacity displayed on 2 sides in 3-inch letters?                  [   ]        [   ]

2. Are the tank and all openings leak proof?  _______________________________________________      [   ]        [   ]

3. Does the operator understand laws related to sewage disposal?  ______________________________      [   ]        [   ]

4. Is all equipment clean and in good repair? _______________________________________________      [   ]        [   ]

5. Does the operator carry a water hose for cleaning? ________________________________________       [   ]        [   ]

ANSWER THE FOLLOWING QUESTIONS FOR BOTH NEW AND EXISTING VEHICLES:

6. What type of liquid waste will this vehicle pump?  ___________________________________________
   [  ] septic waste (cesspool)              [  ] grease trap              [  ] chemical toilets
   [  ] industrial processing waste       [  ] car wash              [  ] other ______________________

7. What waste treatment plant or facilities will be used for disposal of your liquid waste?  
   [  ] City of Fresno Waste Treatment Facility
   [  ] Other (Please list facility(s) name, address and phone number)

   [  ] Monthly Pumping Report Required (If you (x) checked “Other” for disposal of your liquid waste)

COMMENTS: ______________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Received by _______________________________ Environmental Health Specialist ____________________________

Original: Office/File copy      Yellow: Operator copy