



LIQUID WASTE PUMPING VEHICLE INSPECTION REPORT

Date of Inspection: _____

OWNERSHIP

Name _____ Phone # _____

Business Address _____

VEHICLE DESCRIPTION

Make _____ Model _____ Year _____ License # _____

Color _____ Tank Capacity _____

	V	C
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? _____ _____	[]	[]

V – Violation C – Compliance

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** _____