

Septic Waste Hauler Discharge Permit Application

PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

Credit and debit payments **cannot** be accepted at the Environmental Services location at Building 2. To pay via credit or debit card, payment must be made in person at the City Finance Department, 555 Liberty Street SE, Room 230, and a copy of the payment receipt should be included with the application.

Please send the completed application with payment or a copy of the payment receipt to the following address:

City of Salem
Environmental Service
1410 20th St SE Bldg 2
Salem OR 97302-1200

For Office Use Only

Finance Cashier:
Post payment to
Fund 310, CC 58507020,
Account 32895

Record

Entered

SECTION 1: GENERAL INFORMATION

Business Name (include any DBA's) _____

Business Location _____

Business Mailing Address _____
Street or PO Box

City State Zip

Name of Operator _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

City State Zip

Is the operator identified above the owner of the business?

Yes No

If no, provide the name and address of the business owner below and submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation.

Name of Business Owner _____

Title _____ Phone _____

Email _____

Address _____

Street or PO Box

City

State

Zip

Designated Signatory Authority of the Business

(Attach the information below for each additional authorized representative.)

Name _____

Title _____ Phone _____

Email _____

Address _____

Street or PO Box

City

State

Zip

Designated Business Contact

Name _____

Title _____ Phone _____

Email _____

SECTION 2: VEHICLE INFORMATION

Department of Environmental Quality (DEQ) Pumper License Information

(Attach a copy of the current license with this application.)

License Number _____

Date Issued _____ Expiration Date _____

FOR EACH VEHICLE LISTED, PLEASE ATTACH A COPY OF THE CURRENT COMPLETED INSPECTION FORM SIGNED BY THE COUNTY SANITARIAN. IF THERE ARE MORE THAN TEN VEHICLES, PLEASE ATTACH ADDITIONAL SHEETS.

1. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

2. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

3. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

4. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

5. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

6. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

7. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

8. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

9. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

10. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

All users of the septic dump facility must be licensed by the DEQ, and each vehicle shall have been inspected and issued authorization tags from DEQ in order to operate. If more than ten vehicles are used, include the information above for each additional vehicle on a separate page and attach to this application. Only vehicles listed on this application can discharge at the City of Salem septic dump station.

SECTION 3: WASTE TRANSPORTATION INFORMATION

Do any of these vehicles transport wastes other than household septic tank wastes?

Yes No

If yes, please list below the other types of wastes (e.g. chemical toilet waste, chemical wastes, oil, grease, used motor oil), where these other wastes originate (e.g. industry, restaurant, gas station), and where these wastes are disposed of (e.g. chemical recycling, renderer, hazardous materials facility).

Type of Waste _____

Business Name of Non-Domestic Customer _____

Address _____

Street or PO Box

City

State

Zip

Where Disposed _____

Type of Waste _____

Business Name of Non-Domestic Customer _____

Address _____

Street or PO Box

City

State

Zip

Where Disposed _____

Type of Waste _____

Business Name of Non-Domestic Customer _____

Address _____

Street or PO Box

City

State

Zip

Where Disposed _____

Please list all other locations your company is authorized to discharge septic wastes.

Site _____ Phone _____

Measured Loads Full Loads

Site _____ Phone _____

Measured Loads Full Loads

Site _____ Phone _____

Measured Loads Full Loads

Site _____ Phone _____

Measured Loads Full Loads

SECTION 4: CERTIFICATION STATEMENT

I have personally examined and am familiar with the information given in this application and believe that the submitted information is true, accurate, and complete. In addition, I am aware of the conditions and requirements for using the septic dump facility and agree to meet them at all times. Failure to comply with all conditions may result in the immediate suspension or termination of the permit and/or possible penalties.

Name _____ Title _____

Signature

Date