

# Septic Waste Hauler Discharge Permit Application



**PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.**

Please send the completed application to the following address:

City of Salem  
Environmental Service  
1410 20th St SE Bldg 2  
Salem OR 97302-1209

For Office Use Only
<b>Record</b>
<b>Entered</b>

## 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

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### 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

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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**

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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 \_\_\_\_\_

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Signature

Date