

Mobile Food Unit: Wastewater Disposal Form

MOBILE FOOD UNIT: _____ Facility #: _____

Location: _____ Phone #: _____
Street address City

Days of Week/Dates the Location will be used: _____

Business Hours (at this location): _____

Name of Mobile Food Unit Owner (Print) Mobile Food Unit Owner (Signature) Date

Mobile Food Units must dispose their wastewater according to municipal rules within the city they operate. Please contact the city to ensure you are in compliance with their requirements. Failure to dispose of wastewater correctly is grounds for closure.

Location of Wastewater Disposal Site:

Location: _____

Address: _____

City: _____ Phone #: _____

OR

If you use a sewage/wastewater pumper they must be licensed by the Oregon Department of Environmental Quality (DEQ)

Licensed Sewage Hauler: _____

Phone #: _____ DEQ #: _____

Signature Person representing hauling company Date

To find out if your wastewater hauler is licensed, please contact the Oregon Department of Environmental Quality at 1-800-452-4011 or search online at: http://www.deq.state.or.us/wq/onsite/sdssearch.asp