



WASTE MANAGEMENT AND REMEDIATION DIVISION
 WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
 SOLID WASTE SECTION
 PO BOX 200901
 HELENA, MT 59620-0901
 406-444-5300

SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER VEHICLE INSPECTION REPORT

*To be completed by County Health Officer or Designated Representative for all pumpers land applying septage.
 Use one form per vehicle for businesses with multiple vehicles.*

SEPTIC TANK PUMPER VEHICLE INSPECTION			
Name of Applicant:		DEQ License Number:	
Name of Business:		<input type="checkbox"/> New Applicant	
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
County:	Phone Number:	Fax Number:	
YES	NO	<i>(answer Yes or No to the following questions)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Does the vehicle show signs of leakage?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the vehicle equipped with the proper spreading equipment? Specify: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is the spreading equipment mounted on the vehicle or separate? Specify: _____	
<input type="checkbox"/>	<input type="checkbox"/>	If required to screen septage before land applying is the vehicle, or site, equipped with the proper screening equipment (ARM 17.50.811(9))? Specify: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is the spreading equipment approved for use?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the screening equipment approved for use?	
Make/Model of Vehicle: _____			
Tank Size: _____			
<p>I, _____ am the health officer or designated representative of the County. I certify that, based on the above inspection, the vehicle listed above is equipped with the proper spreading and screening equipment necessary to ensure that the licensee is properly equipped to land apply material in a manner protective of human health and the environment.</p>			
SIGNATURE: _____		DATE: _____	
TITLE: _____			