



Septage Hauler Vehicle Inspection Report

----- THIS SECTION TO BE COMPLETED BY SEPTAGE HAULER -----

Business Name _____ Date _____

Truck Owner Name _____

Mailing Address _____

Vehicle Storage Location _____

Phone _____

PUMP VEHICLE INFORMATION: LIST ALL VEHICLES

#	VIN #	YEAR, MAKE, MODEL	LICENSE #	TANK STORAGE CAPACITY
1				
2				
3				
4				
5				
6				
7				
8				

----- THIS SECTION TO BE COMPLETED BY HEALTH DEPARTMENT -----

EQUIPMENT INFORMATION		SAT	UNSAT	COMMENTS
Septage Container	Free of leaks, dents, or corrosion			
Tank Cover	Securely latched and leakproof			
Release Valve	Securely latched and leakproof			
Overfill Protection	Check valve, septage level indicator, overfill tank, etc.			
Identification	Company name clearly marked on vehicle			
General Cleanliness	Good condition, no apparent mechanical flaws			
Hoses & Accessories	Securely stowed			

Environmental Health Division

3020 Rucker Avenue, Suite 104 | Everett, WA 98201-3900 | Fax: 425.339.5254 | Tel: 425.339.5250

Septage Hauler Vehicle Inspection Report (Cont.)

Additional Comments _____

Location of vehicle inspection _____

Name of company representative present during inspection

Print Signature Date

Name of Health Department staff conducting inspection

Print Signature Date

Accepted Not Accepted

Rev. 9/24/24

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