

# Environmental Health Services



## D. Mobile Unit: Wastewater Disposal Form

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. Failure to dispose of wastewater correctly is grounds for closure.

Mobile Food Unit Name: \_\_\_\_\_ Facility #: \_\_\_\_\_

Mobile Location: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street address City

Name of Mobile Food Unit Owner (Print): \_\_\_\_\_

Mobile Food Unit Owner (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Operating Days and Hours:</b> Operating <input type="checkbox"/> All Days -- <b>OR</b> -- Circle all days and write the hours of operation											
<b>Days</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>				
<b>Hours</b>	to	to	to	to	to	to	to				
<b>Months of Operation:</b> Check all that apply -- <b>OR</b> -- <input type="checkbox"/> All Year											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

**There are TWO ways to properly dispose of waste water. Check which method you will be using:**

1.  **Onsite Disposal:** The disposal area must have a grease interceptor.

Business or POD Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

**--- OR ---**

2.  **Waste Water Hauler:** If you use a wastewater hauler they must be licensed by the Oregon Department of Environmental Quality (DEQ). Please keep the receipts the hauler gives you to show your inspector. To find out if your wastewater hauler is licensed, please contact the Oregon Department of Environmental Quality.

Name of Licensed Waste Water Hauler: \_\_\_\_\_

Phone #: \_\_\_\_\_ **DEQ # (required):** \_\_\_\_\_

\_\_\_\_\_  
Signature of person representing hauling company Date