

# NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East 7<sup>th</sup> Street, The Dalles, OR 97058

Email: [publichealth@ncphd.org](mailto:publichealth@ncphd.org) Phone: 541-506-2603



## Mobile Food Unit: Wastewater Disposal Form

Mobile Food Units must dispose their wastewater according to local and municipal rules within the city/county they operate. Failure to dispose of wastewater correctly is grounds for closure. This agreement is valid for the current licensing year only and must be renewed after that date. If this agreement is terminated, the mobile food unit must immediately cease operations until another Waste Water Disposal Agreement is secured and provided to the Health Department. This agreement becomes void if the food service establishment does not have a current license to operate.

Mobile Food Unit Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Location (street, city): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check which method you will use to properly dispose of your wastewater:

1.  **Onsite/Direct connection:** The disposal area must have a grease interceptor.

Business or POD Name: \_\_\_\_\_

Business/POD Owner's Name: \_\_\_\_\_

Address (Street, City, County): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

2.  **Licensed Hauler:** The wastewater hauler must have an Oregon DEQ license. You must keep the receipts the hauler gives you to show your inspector.

Name of Licensed Hauler: \_\_\_\_\_

Phone #: \_\_\_\_\_ DEQ # (Required): \_\_\_\_\_

Signature of hauler: \_\_\_\_\_ Date: \_\_\_\_\_

3.  **Hand-carry.** If hand carrying waste, it must be to a specific disposal location approved by the local regulatory authority and cannot be transported in more than 20 gallons at a time. You must explain where you will dispose the waste, and how you will ensure it is done properly.

For NCPHD Office Use Only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_