



Liquid Waste Transporter Program Vehicle Inspection Report



Business Name:
Displayed Y N

COA Permit No.:
Displayed Y N

TCEQ Registration No.:
Displayed Y N

Current Certificate of Insurance? Yes No (**)

Complete & Legible Original Application Packet Approved? Yes No (**)

Permit Fee Paid? Yes No (**)

| | |
|--|-------------------------|
| | Exp. Date: |
| | Exp. Date: |
| | Exp. Date: |
| | Inspection Date: |
| | No. Vehicles Inspected: |

| Inspection Type |
|---|
| <input type="checkbox"/> New Permit |
| <input type="checkbox"/> Permit Renewal |
| <input type="checkbox"/> Additional Vehicle |
| <input type="checkbox"/> Vehicle Re-inspection Only |

| | | | | | | | | |
|--------------------------|-------------------------|--|-------------------------------|-----------------------------|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Business Name Displayed? | DPS inspection current? | COA decal affixed (disregard if not prev. issued)? | TCEQ truck sticker displayed? | Tanks and valves leak free? | TCEQ Registration Number Displayed? | Valve drip caps present on valves? | Visual inspection device(s) present? | Does this Vehicle PASS Inspection? |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |

| | Vehicle Make & Month/Year of Manufacture | VIN (Vehicle Identification Number) | License Plate | | Tank Vol. | Decal Number | DPS Insp. Exp. Date (mo./yr.) | | | | | | | | | | | | | | | |
|---|--|--|---------------|--------|-----------|--------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | State | Number | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | |

LWT Vehicle Inspection Report (continued)

| | | | | | | | | Answer by circling Y or N in the space provided. | | | | | | | | |
|--|--|---------------|--------|------------------------------------|--------------|--------------------------------|--------------------------|--|--|---------------------------------|-----------------------------|-------------------------------|-----------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| Vehicle Make & Month/Year of Manufacture | VIN (Vehicle Identification Number) | License Plate | | Tank Vol. (according to Manuf.) | Decal Number | DPS Insp. Exp. Date (mo./ yr.) | Business name displayed? | COA permit number displayed? | COA decal affixed (disregard if not prev. issued)? | DPS inspection sticker current? | TCEQ reg. number displayed? | TCEQ truck sticker displayed? | Tanks and valves leak free? | Valve drip caps present on valves ? | Visual inspection device(s) present? | Does this Vehicle PASS Inspection? |
| | | State | Number | | | | | | | | | | | | | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |
| | | | | | | | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | |

LWT Vehicle Inspection Report (continued)

Inspection Remarks (give a brief summary of any deficiencies that were noted and corrective actions needed).

Inspection Summary and Certification

| | | | | | |
|----------------------|--|----------------------|--|-------------------|--|
| No. Vehicles Passed: | | No. Vehicles Failed: | | No. Decals Issued | |
|----------------------|--|----------------------|--|-------------------|--|

I certify that the information above is, to the best of my knowledge, true and correct.

(Printed Name)

(Signature) (Date/Time)

Pretreatment Compliance Specialist
Austin Water Utility, Special Services Division
3907 South Industrial Drive / Suite 100
Austin, TX 78744

(512) 972-1060 (ph) / (512) 972-1260 (fax)
Email: IndustrialWaste@AustinTexas
<http://austintexas.gov/department/liquid-waste-hauler-program>

Date Entered into WEIRS: _____

Entered By: _____
(initials)