



Mobile Vendor Wastewater Management Plan

Business Name	___ New Application ___ Renewal	Date
Contact Person	Title	Phone
Mailing Address	City / State	Zip Code
Physical Address	City / State	Zip Code
Products/Services Provided. Please provide a brief description of food products and services:		
Wastewater Sources. Please indicate all source of wastewater (aka grey water) generated: ___ Hand Washing ___ Non-Contact Steam-Table Water ___ Dish/Utensil Rinsing/Washing ___ Waste Food/Liquids		
Potable Water Holding Capacity. Holding tank must have minimum capacity of 20 gallons. Potable holding tank capacity: _____ gallons Estimated volume of wastewater generated: _____ gallons per day		
Wastewater Disposal. Please provide the method and location where wastewater will be disposed. Wastewater from the food cart must either be removed by a DEQ-licensed Sewage Disposal Service (SDS) or discharged directly from the food cart into an approved location or facility		
___ Disposed outside City Limits; Location: _____		
___ Disposed within City Limits; Location: _____		
Make and Model of grease trap _____	Volume of Grease Trap _____	
Grease trap maintenance	How often is the grease trap required to be cleaned	How are solids disposed
	Daily _____	_____
	Weekly _____	_____
	Monthly _____	_____
___ Removed by DEQ-licensed Sewage Disposal Service		
Plumbing Permit(s) Required. PLUMBING PERMIT(S) ARE REQUIRED FOR ANY MOBILE FOOD UNIT TO CONNECT (DIRECT OR INDIRECT) TO A SANITARY SEWER. A permitted grease interceptor, or "grease trap," is required to serve any Mobile Food Unit operating in the City of St. Helens that will discharge wastewater into the City's Sewer system. Mobile Food Units may be exempt from installing and maintaining a grease trap if the conditions in St. Helens Municipal Code (SHMC) 13.14.200(3)(b)(i)(A-E) are met and maintained. Contact St. Helens Building Division (503-397-6272) for permit information.		
Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."		
Typed or Printed Name of Person Signing	Title	
Date Application Signed	Signature of Applicant or Representative	
Return to City of St. Helens City Hall or mail to Water Quality 265 Strand Street St. Helens Oregon 97051	Revised January 2024	