



PO Box 90012 – BELLEVUE, WA 98009-9012

**Bellevue Utilities
Tanker Inspection Report**

Permit Number: _____ Issued Date: ___/___/___ **Expires: 12/31/2014**

Business Name: _____ Business Phone: _____

Contact Name: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Vehicle Make: _____ License #: _____ State: _____

Tank Type: _____ Tank Capacity (gallons): _____ **Photo ? YES NO**

(To be completed by Tank Inspector Only)

Required minimum air gap provided? YES NO

Method of filling inspected and approved? YES NO

Attach copy of test report for approved backflow prevention assembly used in lieu of air gap test (if applicable)

Additional comments: _____

Inspected By: CCS/BAT CERTIFICATION #: _____ DATE: ___/___/___

(print name): _____ (sign name): _____

Conditions:

**This inspection and permit are only good for the truck listed on this report.
This inspection expires with permit.**

Permits & equipment are issued at the Bellevue Service Center - 2901 115th AVE NE, Bellevue 98004

***Tank Lot Permits are not issued until the vehicle has been inspected by Bellevue Utilities.
Call 425-452-5208 for scheduling inspections or questions regarding backflow assemblies.***

Tank Lot Quantity Reports must be submitted by the 15th of each month. **Charges will be billed at \$7.10 per ccf based on the tank capacity and charged based on one fill-up per day for the number of days the permit is active (assuming one fill up per day) if the log is not received by the 15th of the following month.**