

SEPTAGE PUMPER'S QUARTERLY REPORT

(Note: Septic tank pumping reports shall be submitted on a quarterly basis. Holding tank pumping reports shall be submitted on a monthly basis.)

Instructions: Please complete this form monthly and send it quarterly to the address shown above. Use additional sheets to report more than 13 locations. Please write legibly. Unsigned, incomplete, or illegible forms will be returned for correction. Failure to submit monthly pumping reports is a violation of the California Health and Safety Code and may result in permit suspension.

Company Name:						
Signature-By sign	ing this form, I ce	ertify that all the information conta	ined in this report is true a	and correct to the best of i	ny knowledge.	
Signature		Printed Name		Title within company		
Date Pumped	Street Number	Property Location Street Name	City/Area	Type of Tank	Quantity Pumped (in gallons)	Waste Disposal Location
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