



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health
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(831) 636-4035
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SEPTAGE PUMPER 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: _____ Permit # _____

Signature: By signing this form, I certify that all the information contained in this report is true and correct to the best of my knowledge.

Signature _____ Printed Name _____ Title within company _____

Date Pumped	Street Number	Property Location		Type of Tank	Quantity Pumped (in gallons)	Waste Disposal Location
		Street Name	City/Area			