

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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