

MONTHLY PUMPING REPORT

Company _____

Return to:

Report for the month of: _____

FA: _____

Kern County Environmental Health Division
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 Bakersfield, CA 93301
 Office: (661) 862-8740
 Fax: (661) 862-8701
 E-mail: eh@co.kern.ca.us

Waste Types:
 1=Septic
 2=Grease
 3=Other: Specify

Address _____

By the 15th of the following month

RESIDENT NAME (Last, First) OR BUSINESS NAME	PHYSICAL ADDRESS OF JOB	CITY	DATE PUMPED	DATE DISPOSED	DISPOSAL LOCATION	WASTE		TANK DECAL #	Gallons
						Type	Other Specify		

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

 OWNER/OPERATOR SIGNATURE DATE

 PRINTED NAME OF PERSON SIGNING ABOVE