



MONTHLY REPORT OF PUMPING ACTIVITIES

For the month of _____ 20____

Instructions: Please complete this form and send it to EHD at the address shown above. Use additional sheets to report more than 15 locations. 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 the Ventura County Ordinance Code and may result in permit suspension.

Septic Tank Pumper _____ FA # _____

Street Address, City, Zip _____ Telephone No. _____

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	Number	Property Location		Owner	Quantity Pumped (in gallons)	Waste Disposal Location
		Street Name	City/Area			