SEPTIC TANK AND SEWAGE PUMPERS MONTHLY REPORT

Per your permit requirements, this form is due no later than ten (10) days following the end of the reported month. Failure to do so will result in permit revocation. The following is a true and correct report as required by the Sutter County Environmental Health Division for the month of _____, 20____.

DATE	OWNER'S NAME	ADDRESS/LOCATION OF SEPTIC TANK	TYPE OF WASTE[1]	GALLONS	REASON FOR PUMP OUT[2]	LOCATION OF DISPOSAL SITE

[1]TYPE OF WASTE: a) Septic Tank Waste; b) Chemical Toilet; c) Holding Tank or Vault Toilet; d) Grease Interceptor

[2]REASON (Applies only to Septic Tanks): a) Routine Septic Maintenance; b) Failing Septic Tank; c) Septic Tank Deactivation for Public Sewer Installation

Company	Name	Signature	Phone Number

Please return to: County of Sutter, Environmental Health Division, 1130 Civic Center Blvd., Yuba City, CA 95993
Fax: 530-822-7220