Yolo County Environmental Health Division
292 W. Beamer Street, Woodland, CA 95695 – Ph: 530.666.8646 / Fax: 530669.1448

SEPTIC PUMPER TRUCK – QUARTERLY SERVICE RECORD REPORT

REPORTING DATES: _____to_____/20___

Instructions: *Please complete this form and send it monthly to YCEHD at the address/fax shown above. Use additional sheets to report more than twelve (12) locations. Unsigned, incomplete, or illegible forms will be returned for correction. Failure to submit quarterly pumping reports is a violation of the CA Health and Safety Code and may result in permit suspension.*

NAME OF BUSINESS:_____**TRUCK LICENSE PLATE#:** _____
Street Address, City, Zip:_____ **Telephone #:** _____

DATE OF SERVICE	LOCATION OF SERVICE			OWNER/TENANT NAME	GALLONS PUMPED	WASTE DISPOSAL LOCATION
	Number	Street Name	City/Area			

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

SIGNATURE:_____ **PRINTED NAME**:_____ **TITLE:** _____ **DATE:**_____