PORTABLE TOILET SEPTAGE PUMPING REPORT

A copy of the report must be submitted to each local health district

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Portage Toilet Septage Hauler (Company Name)				List All Health Departments registered with and the corresponding registration numbers (if applicable).			
Phone #: Report Date From:		ort Date Range n:	То:	<u>County/City</u>	<u>Reg #</u>	County/City	<u>Reg #</u>
Date of Pumping	Truck # Designa		Disposal Facility and Location		Volume (gal)	Counties where portable toilets were pumped for this disposal.	

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Date of Truck # or Counties where portable toilets were **Disposal Facility and Location** pumped for this disposal. Pumping Designation Volume (gal)

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