ENVIRONMENTAL HEALTH DIVISION

2700 M Street, Suite 300, Bakersfield, CA 93301 Phone # (661) 862-8740 Fax (661) 862-8701 Email EH@KernCounty.com

SEPTIC/GREASE MONTHLY PUMPING REPORT

Return report to: Kern County Environmental Health Office, Fax: (661) 862-8701, or E-mail: EHsepticprogram@kerncounty.com

	I									
Date:	FA#:			V	Vaste Types:	= Septic	2= Grease	3 = Oth	er: Specify	
Company Name:				Contact Phone #:						
Mailing Address:				E-mail:						
City: State:			Zip Code:							
RESIDENT NAME (Last, First) OR BUSINESS NAME	PHYSICAL ADDRESS OF JOB CITY		CITY	DATE PUMPED	DATE DISPOSED	DISPOSAL LOCATION		WASTE Other Type Specify		Gallons
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I CERTIFY UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT:										
OWNER/OPERATOR SIGNATURE DATE PRINTED NAME OF PERSON SIGNING										