

ENVIRONMENTAL HEALTH DIVISION

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PORTABLE TOILET MONTHLY PUMPING REPORT

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

Date:		FA#:		Contact Name:			
Company Name:			Contact Phone #:				
Mailing Address:			E-mail:				
City:			State:		Zip Code:		
BUSINESS NAME	LOCATION	# OF TOLIETS	DATE PUMPED	DATE DISPOSED	DISPOSAL LOCATION	TANK DECAL #	GALLONS
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT:							
_____ OWNER/OPERATOR SIGNATURE			_____ DATE		_____ PRINTED NAME OF PERSON SIGNING		