**Submit to:**

**YEAR:_____**

**Lassen County Environmental Health**
**707 Nevada Street, Suite 5**
**Susanville, CA 96130**

**Business Name:_____**

# SEPTIC PUMP VEHICLE QUARTERLY REPORT

**___1st QUARTER** *Due April 10th*  **___2nd QUARTER** *Due July 10th*  **___ 3rd QUARTER** *Due October 10th*  **___ 4th QUARTER** *Due January 10th*

***Failure to submit Quarterly Reports will result in Suspension or Revocation of Your Permit to Operate***

| DATE | CLIENT NAME | COMPLETE ADDRESS | GALLONS | PUMPER VEHICLE | DISPOSAL SITE |
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