**Submit To:**

**YEAR:_____**

**Plumas County Environmental Health**
**270 County Hospital Road, Suite 127**
**Quincy, CA 95971-9126**

**Business Name:_____**

# SEPTIC PUMP VEHICLE QUARTERLY REPORT

ρ **1st QUARTER** *Due April 10th*  ρ **2nd QUARTER** *Due July 10th*  ρ **3rd QUARTER** *Due October 10th*  ρ **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 | DISPOSAL SITE |
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