Inyo County Environmental Health Department
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Bishop, CA 93514
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THIS REPORT IS DUE BY THE 15TH OF EACH MONTH

MONTHLY PUMPER REPORT

Reporting Period:
From: _____/_____/_____
To: _____/_____/_____

Completed/Reviewed By:

Company #: _____
Company Name: _____
Address: _____
City: _____
Fax #: _____
E-Mail: _____

(Please check appropriate columns)

Date Mo/Day/Yr	Party Address Street # - N,S,E,W - Street Name	Address Area Code	Septic Tank	Holding Tank	Cesspool Pit	Grease Trap	Industrial Specify	Chemical Toilet	Gallons Pumped	Disposal Site	Party Name