

**FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH DIVISION
 LIQUID WASTE PUMPING REPORT**

COMPANY NAME: _____

ADDRESS: _____

Report for the Month of _____ 20____

FA _____ PE 4202
 PR _____ RP Monthly

DATE	NAME and ADDRESS WHERE WORK WAS DONE	GALLONS PUMPED	TYPE OF MATERIAL PUMPED	TRUCK LICENSE	APPROVED DISPOSAL FACILITY

RETURN TO:
 FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH DIVISION
 1221 FULTON MALL / P. O. BOX 11867
 FRESNO, CA 93775
 Phone (559) 600-3271 FAX (559) 455-4646
 e-mail: EnvironmentalHealth@co.fresno.ca.us

I CERTIFY UNDER PENALTY OF PERJURY
 THAT THE FOREGOING IS TRUE AND CORRECT:

 OWNER/OPERATOR SIGNATURE DATE