

**Submit To:**

**YEAR:** \_\_\_\_\_

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

**Business Name:** \_\_\_\_\_

# SEPTIC PUMP VEHICLE QUARTERLY REPORT

**P** 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**

\* Place a check mark in the ✓ column if a residential septic tank was pumped.