

PUMP AND HAUL REPORTING FORM

Establishment \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Permit No. \_\_\_\_\_

Municipality or Township \_\_\_\_\_

Pumping Contractor \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Tank Capacity \_\_\_\_\_

Date Pumped	Gallons	Off-Site Receiving Facility

The information submitted on this form is true to the best of my knowledge.

✕ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

ALL FORMS ARE TO BE SUBMITTED TO THE MONROE COUNTY HEALTH DEPARTMENT ANNUALLY (DUE DATE IS DECEMBER 31 OF EACH YEAR UNLESS OTHERWISE DETERMINED BY THE DEPARTMENT).