

Semi-Annual Holding Tank Pumping Report

January - June 19 ____ (due July 15)

July - December 19 ____ (due January 15)

Property Owner:

Business Name: _____ City/Town/Village:

Address of Property Pumped:

(Street) (City) (Zip Code)

Type of Occupancy: 1 or 2 Family Residential Public Building

Pumpers Name:

Pumpers Mailing Address:

(Street) (City) (Zip Code)

Sanitary Permit # and/or Tax Key # (If Known): SP# _____ Tax Key#

Provide **Dates Pumped** for each month, the **Total Volume** of sewage pumped and the **Exact** disposal site.

Jan. _____	Gals. _____	Site: _____
Feb. _____	Gals. _____	Site: _____
Mar. _____	Gals. _____	Site: _____
Apr. _____	Gals. _____	Site: _____
May _____	Gals. _____	Site: _____
June _____	Gals. _____	Site: _____
July _____	Gals. _____	Site: _____
Aug. _____	Gals. _____	Site: _____
Sept. _____	Gals. _____	Site: _____
Oct. _____	Gals. _____	Site: _____
Nov. _____	Gals. _____	Site: _____
Dec. _____	Gals. _____	Site: _____

Total Gallonage Pumped:

(Signature of Person Completing Report)

(Date)

(Telephone Number)

(Street)

(City)

(Zip Code)