



# Cowlitz County Health and Human Services

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## PUMPER'S REPORT

Name of Licensed Septic Pumper: \_\_\_\_\_ Date: \_\_\_\_\_

Mark the month that you are reporting on:

- January     February     March     April     May     June  
 July     August     September     October     November     December

Please note that tipping fee is based on gallons pumped, not including wash out that exceeds tank size. Use pumper's log to assist with calculation.

Applicable Gallons Pumped	Tipping Fee Charged	Disposal Site(s)	Check included?
Total of Column D from pumper's log:	Gallons x \$0.07:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No, invoice me *

\*Monthly reports are due by the 20<sup>th</sup> of the following month. Payments not received by the end of the second following month are subject to a late fee.