

MAIL OR EMAIL TO; SONNIE DANCE
INDUSTRIAL WASTE INSPECTOR
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MAILING ADDRESS-
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SUBMIT BY THE 10TH
OF THE FOLLOWING
MONTH



MONTHLY PUMPING REPORT

NAME OF BUSINESS _____ MONTH _____

METHOD DATE LOCATION AMOUNT FREQ.

<u>METHOD</u>	<u>DATE</u>	<u>LOCATION</u>	<u>AMOUNT</u>	<u>FREQ.</u>

UNLESS OTHERWISE NOTED, ABOVE PUMPINGS ARE OIL AND GREASE RESTAURANT AND FOOD SERVICE INTERCEPTORS OR GREASE TRAPS. I CERTIFY THE ABOVE TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

DATE _____
AUTHORIZED REPRESENTATIVE _____
PRINTED NAME _____
EMAIL ADDRESS _____