

CONTRA COSTA ENVIRONMENTAL HEALTH

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Monthly Activity Report – Loads Handled in Contra Costa County

Report for Month of _____, 20__ Submitted by _____ Address _____

Registration Number _____

Date of Pick up	Where Work Was Done Facility Name & Address	Type of Waste*	Gallons Pumped	Ultimate Disposal Location** Name & Address	Date of Disposal

Send by the 10th of the following month to the above address.
 *List specific type of waste, i.e.: residential septic, restaurant grease, portable toilet, other (specify). If portable toilet, attach list of locations serviced.
 **Treatment plant, recycler, landfill or other ultimate disposal site.