PORTABLE TOILET SEPTAGE PUMPING REPORT

A copy of the report must be submitted to each local health district

Portable Toilet Septage Hauler (Company Name)		List All Health Departments registered with and the corresponding registration numbers (if applicable).			
		County/City	Reg #	County/City	Reg #
Phone #:	Report Date Range From: To:				

Date of Pumping	Truck # or Designation	Disposal Facility and Location	Volume (gal)	Counties where portable toilets were pumped for this disposal.

Ohio Department of Health ▪ Bureau of Environmental Health ▪ Residential Sewage Program ▪ (614) 644-7551 ▪ BEH@odh.ohio.gov

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