

Septage Pumper Hauler Post Use Report 2011/2012

Special Recreation Permit # LLCAD07000-CF14-SR12-_____

Business name: _____ Owner's Name: _____

Address: _____ Phone Number: (_____) _____

_____ Email: _____

MONTH: _____ **2011 2012** *Circle Current Year*



Bureau of Land Management
 El Centro Field Office
 1661 S. 4th Street
 El Centro CA 92243
 Phone: (760) 337-4400
 Fax: (760) 337-4490
 Office Hours: 8:00 a.m. - 4:30 p.m., M-F

Dates	Mark Days Worked "X"	Areas Worked: Glamis=GF, Gecko=GK, Buttercup=BC, Dune Buggy Flat=DF, West=W	Number Units Served Per Day	Gallons Pumped	Facility Sewage Dumped at:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals:					

Number of Orange Days \$60.00 ea + _____ X 60 = _____	Number of Blue Days \$30.00 Ea + _____ X 30 = _____	Number of Purple Days \$25.00 Ea = _____ X 25 = _____	Total Due: \$ _____
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Amount Owed: _____ Less Credit: _____ Total Amount Due : _____ Payment Type: Credit Card () Check () Number _____ Cash () Other () _____	Remitter's Signature: _____ Date: _____ By signing this document, I am declaring all information provided for this form is truthful on my part. I understand intentionally false or misleading information can lead to actions: administrative, criminal or both.	Date Received: OFFICE USE ONLY
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OFFICE USE ONLY

BLM AUTHORIZED REPRESENTATIVE: _____ **DATE:** _____

() APPROVED **COMMENTS:** _____

() NOT APPROVED _____

Per Use Report Payments Due by 7th of Each Month