

Septic Pumper Hauler Post Use Report 2012/2013

Special Recreation Permit # LLCAD07000-CF14-SR13-_____

Business name: _____ Owner's Name: _____

Address: _____ Phone Number: (_____) _____

_____ Email: _____

MONTH: _____ **2012 2013** *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: |
|-------|-------------------------|-----------------------------------------------------------------------------------|--------------------------------|----------------|----------------------------|
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| 30 | | | | | |
| 31 | | | | | |
| Totals: | | | | | |

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|----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------|
| 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: \$ _____ |
|----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

OFFICE USE ONLY

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

() APPROVED **COMMENTS:** _____

() NOT APPROVED _____

Per Use Report Payments Due by 7th of Each Month