NEW YORK STATE OF OPPORTUNITY. | Environmental Facilities Corporation

CVAP
(Clean Vessel Assistance Program)

www.efc.ny.gov/CVAP

O&M (Operations and Maintenance)
PUMPOUT USAGE LOG

Facility/Project Name: _____

Year: _____ **Month(s)**: _____

Date	Day of Week	Boat Length (feet)	Gallons Pumped	Fee Collected
TOTAL				

Certified by: _____ **Date:**_____

Title: _____