



Aggregate Production Quarterly Report

For Office Use Only	
Date of Receipt:	_____
Accepted By:	_____
Operator #:	_____
Pit #:	_____

Each Operator must submit a report quarterly for each Pit in operation, even if there were no shipments. The report is due within 30 days of the end of each reporting period. Refer to Bylaw 1232-26 for full details.

REPORTING PERIOD

Year: _____

- January – March
 April - June
 July - September
 October - December

1. OPERATOR INFORMATION

Name(s) and mailing address of Pit Operator

Mailing Address: _____

Prov _____

P/C _____

Email: _____

Phone: _____

Cell: _____

Name and mailing address of the Aggregate Producer (if different than Operator)

Mailing Address: _____

Prov: _____

P/C _____

Email: _____

Phone: _____

Cell: _____

2. PIT LOCATION

- | | | | | | | |
|----|------------------------------------|-----------|---------|----------|-------|-----|
| a. | All/part of the | _____ | _____ | _____ | _____ | W5M |
| | | ¼ Section | Section | Township | Range | |
| & | All/part of the
(if applicable) | _____ | _____ | _____ | _____ | W5M |
| | | ¼ Section | Section | Township | Range | |
| & | All/part of the
(if applicable) | _____ | _____ | _____ | _____ | W5M |
| | | ¼ Section | Section | Township | Range | |
| & | All/part of the
(if applicable) | _____ | _____ | _____ | _____ | W5M |
| | | ¼ Section | Section | Township | Range | |

3. AGGREGATE PRODUCTION

- a. **TOTAL** Aggregate shipped in reporting period _____ tonnes
- b. **LESS** Amount of Aggregate shipped from a Pit owned or leased by a Municipality for a use or project that is being undertaken by or on behalf of the Municipality; _____ tonnes
- c. **LESS** Amount of Aggregate shipped from a Pit owned or leased by the Crown for a use or project that is being undertaken by or on behalf of the Crown; _____ tonnes
- d. **NET AGGREGATE PRODUCTION (A minus B minus C)** _____ tonnes

4. METHOD OF DETERMINING WEIGHT

- On Site Scale
 Off Site Scale (Location): _____
- Estimation (Describe Methodology): _____

5. DECLARATION

I certify that the information provided in this report is true and accurate to the best of my knowledge. I acknowledge that Brazeau County may request and inspect supporting records for the purposes of verifying compliance with the Community Aggregate Payment Levy Bylaw 1232-26.

Operator Name and Signature	Date
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