SAVANNAH RIVER SITE

SANITARY SEWAGE DISPOSAL RECORD

VENDOR: _____________________________  DATE: ________________

ADDRESS: ___________________________  TELEPHONE: ____________

SRS ACCOUNTS SERVED

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

4. ___________________________________________________________________

5. ___________________________________________________________________

TOTAL: ________________

DISPOSAL FACILITY (CIRCLE ONE)  HORSECREEK / AUGUSTA

DATE OF DISPOSAL: ________________  TIME OF DISPOSAL: ________AM/PM

TREATMENT PLANT FACILITY
REPRESENTATIVE SIGNATURE: _________________________________

VENDOR REPRESENTATIVE SIGNATURE: ________________________________

NOTE:  SANITARY, SEPTIC AND PORT-O-LET SEWAGE MUST BE DISPOSED OF IN AN APPROVED WASTE WATER TREATMENT FACILITY.

TO BE COMPLETED BY SAVANAH RIVER REMEDIATION LLC

SRR: _________________________________

ORGANIZATIONS: ______________________

DATE RECEIVED: ______________________