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 BECHTEL SAVANNAH RIVER, INC.

BSRI: ________________________________

ORGANIZATIONS: _________________________

DATE RECEIVED: _________________________