SANITARY SEWAGE DISPOSAL RECORD

Exhibit F
Attachment G
REV 1
Effective 10/09/2025

Subcontractor: _____ Date: _____

Address: _____ Telephone: _____

SRS ACCOUNTS SERVED

1. _____
2. _____
3. _____
4. _____
5. _____

TOTAL: _____

DISPOSAL FACILITY (SELECT ONE)

DATE OF DISPOSAL: _____ TIME OF DISPOSAL: _____AM/PM

TREATMENT PLANT FACILITY
REPRESENTATIVE SIGNATURE: _____

Subcontractor 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 SAVANNAH RIVER NUCLEAR SOLUTIONS

SRNS: _____

ORGANIZATIONS: _____

DATE RECEIVED: _____