

**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 SAVANNAH RIVER MISSION COMPLETION LLC:**

SRMC Rep/Date Received