



HAULED WASTEWATER DISPOSAL MANIFEST (Septage)

E 1999 (R2024-11)

**** As per Bylaw 14M2012 Section 34, it is mandatory that each load be accompanied by a fully completed manifest ****

Receiving Site Used: <input type="checkbox"/> Valleyfield <input type="checkbox"/> Bonnybrook <input type="checkbox"/> Other _____				
Name of Hauling Company: _____				
Permit Number SW-	Access Card Number	License Plate Number	Disposal Date (mm-dd-yyyy)	Disposal Time : <input type="checkbox"/> AM <input type="checkbox"/> PM
Details of Generator			Details of Load	pH of Load
Full Name of Generator			Volume in Litres	Hauler pH
Full Address of Generator		Inside City limits <input type="checkbox"/>	Pick-up Date (mm-dd-yyyy)	City pH
		Outside City limits <input type="checkbox"/>	Pick-up Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	
TruckVu Sticker	Source of Wastewater		Type of Wastewater	
	<input type="checkbox"/> Domestic	<input type="checkbox"/> Portable Toilet <input type="checkbox"/> Septic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other	If you checked "Other" provide details:	
	Driver Details			
	First Name		Last Name	Signature
	For Internal Use Only			
	Valleyfield Attendant who took the sample		Person responsible for Transporting the sample to Bonnybrook	
	Bottle #		LIMs ID	Load Rejected <input type="checkbox"/> Yes <input type="checkbox"/> No

Your personal information is being collected for the purposes of administering the Hauled Wastewater Program. This information is collected pursuant to Section 33(c) of The Freedom of Information and Protection of Privacy Act of Alberta. If you have any questions about the collection or use of your personal information, please contact the Industrial Monitoring Group Team Lead at Bonnybrook WWTP, 4302 15 St SE, MC#37c, PO Box 2100 Station M, Calgary, AB. T2P 2M5, or by phone at 403-268-4698, or by email at IMG@calgary.ca.

ISC: Confidential



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**** Failing to comply with Section 34 of the Wastewater Bylaw 14M2012 may result in a \$500 fine ****

Type of Wastewater	Name of Generator	Location of Generator	Check if Outside City Limits	Pick-up Date (mm/dd/yy)			Pick-up Time (24hr Clock)
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
<input type="checkbox"/> Septic Tank			<input type="checkbox"/>				:
Comments:							