

Annex A: Septage Manifest Form (SMF)

Date:

Time of Collection:

Space for STAMP by VTO, STAMP should contain Name, License Number and Vehicle Registration Number

1) Septage Origin

Origin type:	
Residential	<input type="checkbox"/>
Institutional	<input type="checkbox"/>
Commercial	<input type="checkbox"/>
Other	<input type="checkbox"/>
Name (household or unit, mention unit numbers if more than one household)	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>
Ward No:	
Phone Number	
Volume emptied (in m³), mention separately for each household	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>

2) Septage Discharge

DSO Name	
Designated Disposal Site	
Septage Inspection comments: <i>(Odour / Colour / Solid waste / Soil and grit / FOG scum)</i>	
Sample taken?	<input style="width: 50px; height: 20px;" type="text"/> Yes <input style="width: 50px; height: 20px;" type="text"/> No
Load Accepted?	<input style="width: 50px; height: 20px;" type="text"/> Yes <input style="width: 50px; height: 20px;" type="text"/> No
Load Rejected?	<input style="width: 50px; height: 20px;" type="text"/> Yes <input style="width: 50px; height: 20px;" type="text"/> No
Volume emptied (in m³)	

Sign of VTO

Sign of DSO

Date of Discharge:

Time of Discharge:

Annex B: VTO Discharge Logbook

Discharge Location.....

Discharge #	Date	Time	VTO license #	Accepted?	Sampled?	Volume emptied (m ³)
001						
002						
003						
'n'						