



HAULED WASTEWATER DISPOSAL MANIFEST (FOG)

E 1998 (R2024-01)

Important Notice: This PDF was designed to be filled in with Adobe Acrobat Reader. Download the form to your desktop and use Adobe Acrobat Reader to open, complete and submit this form. If you are using Edge or Chrome browser some fields will not work as intended and your form may not submit.

**** As per Bylaw 14M2012 Section 34(1)(C), it is mandatory that each load be accompanied by a fully completed manifest ****

| | | | | |
|--|------------------------------------|--------------------|---|--|
| Receiving Site Used: <input type="checkbox"/> Bonnybrook <input type="checkbox"/> Other _____ | | | | |
| Name of Hauling Company: | | | | Disposal Date (YYYY-MM-DD) |
| Permit Number SW- | License Plate Number | Access Card Number | Tank Capacity (Volume in L) | Disposal Time _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Truckvue Sticker | Driver Details | | | |
| | First Name (Print) | | Last Name (Print) | |
| | Signature | | | |
| | For Internal Use Only | | | |
| | City Attendant who took the sample | | Person Responsible for Transporting sample to Lab | |
| | | | Date Transported (YYYY-MM-DD) | |
| | 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



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E 1998 (R2024-01)B

**** Failing to comply with Section 34(1)(C) of the Wastewater Bylaw 14M2012 may result in a \$500 fine ****

| Wastewater Details | | | | | | | | | |
|--------------------|------------------|---|-----------------------------|---|---|---|---|---|--|
| | | SOURCE (Generator/FSE Name and Address) | Date (YYYY-MM-DD) | Date of Previous Servicing (YYYY-MM-DD) | <i>> 30 days since last service</i> | <i>Any Interceptors Overloaded</i> | <i>Any Interceptors Need Repair</i> | <i>Using Enzymes</i> | |
| 1 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Name and Address | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |