

Septage Treatment Facility Log

Operator: _____
 SDTF Permit #: _____

Date Received	Company	Septage Type *	Received Amt: gallons	Date Removed	Removed Amt:		Disposal Location:	
					Liquid (gallons)	Solids (tons)	Liquid	Solids

* Septage type may be domestic, grease, portable toilet waste, or commercial/industrial (as approved by the Division)