*Załącznik nr 2 do umowy*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *ZBIORCZE ZESTAWEIENIE KART PRZEKAZANIA ODPADÓW* | | | | | | | |
| L.p. | ***Data wystawienia karty***  ***[rok-miesiąc-dzień]*** | ***Nr karty przekazania odpadu*** | ***Dane transportującego osad (nazwa, adres)*** | ***Nr rejestracyjny pojazdu*** | ***Masa odebranego osadu [Mg]*** | ***Dane przejmującego osad  (nazwa, adres)*** | ***Wskazanie oczyszczalni ścieków,  z której zabrano osad*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |