

Control Authority: _____ Control Number: _____

Fats, Oils and Grease Waste Disposal Manifest

Hauler Information:

Name: _____
Address: _____
Vehicle Tag Number: _____ Tank Capacity: _____ Gallons
Decal Number: _____
Print Driver's Name: _____

Generator Information:

Customer Name: _____
Physical Address: _____
Telephone No.: _____
Type of Device: _____
Volume Pumped: _____ Gallons

Interceptor/Trap Condition:

Walls & bottom in good condition [] Yes [] Needs Repair
Inlet / Outlet pipes intact [] Yes [] Needs Repair
Baffle intact and unobstructed [] Yes [] Needs Repair
Cover secure, accessible & in good condition [] Yes [] Needs Repair

Estimated Grease Cap: _____ Estimated Bottom Solids: _____ Total Trap Depth _____

Certification: I certify that the above information is true and accurate. I further certify that said device was completely pumped and cleaned, and no materials were pumped back into the device unless prior approval was received from the control authority of the Publicly Owned Treatment Works wastewater collection system. I understand that falsification of this information may be a violation of the local code and ordinances and I may be subject to enforcement action in accordance with the provisions set forth therein.

Customer Signature: _____ Date: _____

Print Customer Name: _____

Driver Signature: _____ Date: _____

Print Driver Name: _____

Discharge Approval: On this date _____ and time _____, the wastes listed in this manifest were approved for discharge, and were disposed by the hauler at the following permitted treatment facility: _____

Operator Signature: _____ Invoice Number: _____

Comments: _____

**GENERATOR, WASTE HAULER, WASTE DISPOSAL FACILITY, AND CONTROL AUTHORITY
RETAIN A COPY OF THIS FORM AT LEAST 3 YEARS IN YOUR FILES.**