Control Authority:	Control Number:
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## Fats, Oils and Grease Waste Disposal Manifest

<b>Hauler Information:</b>			
Name:			
Address:			
Vehicle Tag Number:	Tank Capacity	y:	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 Inlet / Outlet pipes intact Baffle intact and unobstructed Cover secure, accessible & in go		[ ] Yes [ ] Yes [ ] Yes [ ] Yes	L 3
Estimated Grease Cap:	Estimated Bottom Solids:	Total Tra	p Depth
Certification: I certify that the above completely pumped and cleaned, and neceived from the control authority of understand that falsification of this info subject to enforcement action in accordance.	to materials were pumped back into the publicly Owned Treatment Works praction may be a violation of the local	e device units wastewate code and o	less prior approval was er collection system. I
Customer Signature		Date:	
Driver Signature:		Date:	
Print Driver Name:			
Discharge Approval: On this date	and time		, the wastes listed
in this manifest were approved for disch	narge, and were disposed by the hauler a	nt the follow	ring permitted treatment
facility:			
Operator Signature:	Invoice Number:		
Comments:			