

Fats, Oils and Grease (FOG)

Single Load Liquid Waste Transporter eManifest

A: Liquid Waste Transporter Information			C: FOG Control Device											D: Gallons & Date			
Company Name: _____	FOG Control Device Type? Hydro (HM) or Gravity?	FOG Control Device Capacity		FOG Control Device Wet Volume (gallons)	FOG found in outlet device? (Y or N)	H - measure from bottom to outlet invert (inches)	W - measure from bottom to water level (inches)	G - FOG layer thickness (inches)	S - Sludge layer thickness (inches)	Outlet device missing or damaged? (Y or N)	Automatic unit missing or damaged? (NA, Y or N)	Corrosion or other tank damage? (Y or N)	Tank Breached? (Y or N)	Total Gallons Waste Pumped	Date Pumped		
DERM Decal No.: _____		Hydro (HM) (gpm)	Gravity (gallons)														
Vehicle License Plate: _____																	
Vehicle Full Load Capacity: _____ Gallons																	
B: Origination of Waste																	
GDO #: _____ Facility Name (if no GDO#): _____																	
Complete Facility Address (if no GDO#): _____																	
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Complete Facility Address (if no GDO#): _____																	
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Complete Facility Address (if no GDO#): _____																	
Attach Additional Sheets if more than 6 Grease Interceptors Pumped!											Total Waste this Load: _____ Gallons						
E: Liquid Waste Transporter Certification																	
Total Waste Unloaded: _____ Gallons			Date Waste Unloaded: _____			Time Waste Unloaded: _____ AM or PM											
<p>I certify that the information in Section A, B, C, D & E herein is true and accurate, and that only <u>grease interceptor</u> waste from facilities listed in the "<u>Origination of Waste</u>" Section B is contained in this service vehicle load/transporter truck/tank. I understand that comingling <u>grease interceptor</u> waste with any other waste is prohibited. I am aware that falsification of this manifest may result in prosecution.</p>																	
Driver Name (PRINT): _____						Driver Signature: _____											
F: Disposal Facility Certification																	
Disposal Facility Name: _____ Address: _____									Ticket No.: _____ Date Waste Unloaded: ____/____/____ Total Waste Unloaded: _____ Gallons								
<p>I certify that the information in Sections A & F is true and accurate. I am aware that falsification of this manifest may result in prosecution.</p>																	
Operator Name (PRINT): _____						Operator Signature: _____											

>>>>>Attach Disposal Facility Ticket<<<<<<