



Grease Pumping Manifest

Grease/Oil Hauler: _____

Address: _____

Phone: _____ e-mail: _____

Food Service Establishment

Grease Control Permit #

Address

Contact Person

Title

Phone

Interceptor #1: Grease level: _____ Solids level: _____ (Outside) Total gallons pumped: _____ Interceptor Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No Interceptor Location: _____	Total depth of contents: _____
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Interceptor #2: Grease level: _____ Solids level: _____ (Outside) Total gallons pumped: _____ Interceptor Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No Interceptor Location: _____	Total depth of contents: _____
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Grease Trap #1: Grease level: _____ Solids level: _____ (Inside) Total gallons pumped: _____ Trap Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No Trap Location: _____	Total depth of contents: _____
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Grease Trap #2: Grease level: _____ Solids level: _____ (Inside) Total gallons pumped: _____ Trap Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No Trap Location: _____	Total depth of contents: _____
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- Issues: Yes No Broken or missing inlet/outlet T-down pipe
 Yes No Fluid level above inlet/outlet T-down pipe
 Yes No Broken or missing baffle wall
 Yes No Holes and/or excessive exposure of rebar on concrete floor or walls

Comments: _____

Disposal Location: _____

Contracted grease haulers have the option of using this manifest or use their own form provided it contains all of the information that is required on this manifest.

I certify under penalty of law that the measurements above are true and correct and further certify to the best of my knowledge that the material being pumped does not contain Hazardous Waste as defined by the Federal Resource Conservation and Recovery Act.

Signature (Waste Hauler)

Name (Print)

Date