**Florida Department of Environmental Protection**

DEP Form #: 62-705.900(2)

Form Title: Grease Waste Service Manifest Effective Date: Month 2025

Incorporated in Rule: 62-705.300(3)., F.A.C.

Bob Martinez Center 2600 Blair Stone Road

Tallahassee, Florida 32399

GREASE WASTE SERVICE MANIFEST

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# GREASE WASTE HAULER INFORMATION

Hauler Company Name: Address: City: State: Contact Name: Truck Load Capacity: gallons

Tank 1: gallons Tank 2: gallons

Driver Name: Phone: Hauler License #: Zip: County: Contact Email: Date of Grease Removal: Tank 3: gallons Tank 4: gallons

# ORIGINATOR INFORMATION

Originator Company Name

Address:

City: State: Contact Name: During Business Hours: ☐ Yes ☐ No

Phone: Zip: County: Contact Email: Removal Date:

Type of Receptacle: ☐ Grease Interceptor ☐ Grease Trap ☐ Outside ☐ Inside ☐ Other

Trap Condition:

Amount Removed per Trap (gallons):

Trap 1: Trap 2: Trap 5: Trap 6:

Trap 3: Trap 4: Trap 7: Trap 8:

*Pursuant to s. 403.0741(3)(b), Florida Statutes (F.S.), effective 7/1/2022, upon completion of grease waste removal, the Hauler must*

*provide a signed and completed copy of this page of the Grease Waste Service Manifest (“Service Manifest”) to the Originator.*

I certify that the information in Section A and B herein is true and accurate.

Hauler’s Name (Printed) Signature Date

\*Originator Operator’s Name Signature Date

# GREASE WASTE DISPOSAL FACILITY INFORMATION

Disposal Facility Name: Address: City: State: Date of Grease Waste Disposal:

Contact Name: Phone: Zip: County: Total Amount of Grease Waste Received: gallons

Disposal Facility Certified or Permitted? ☐ Yes ☐ No Billing Receipt/Ticket Number:

*The Disposal Facility Operator must verify the amount of grease waste disposed at the disposal facility is accurate, provide a billing receipt or ticket number to be entered on this page of the Service Manifest and sign.*

I certify that the information in Section C herein is true and accurate, and that the total amount in gallons of grease waste unloaded at the disposal facility corresponds to the amount in gallons of grease waste removed from the Originator’s grease interceptor or grease trap as documented in Section B (may be multiple Originators).

Hauler’s Name (Printed) Signature Date

Disposal Facility Operator’s Name Signature Date

*Pursuant to s. 403.0741(3)(d)-(e), F.S., effective 7/1/2022, within 30 days after the date of disposal, the Hauler must provide the Originator and the county and municipality in which the Originator is located with a copy of the completed Service showing the signatures of the Originator (if signed), the Hauler, and the Disposal Facility Operator. A copy of the signed completed Service Manifest must be retained onsite by the Originator and the Hauler for one (1) year.*