

GREASE WASTE SERVICE MANIFEST

A. GREASE WASTE HAULER INFORMATION

Company Name: _____ Driver Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ County: _____
Contact Name: _____ Contact Email: _____
Truck Load Capacity: _____ gallons Date of Grease Removal: _____
Tank 1: _____ gallons Tank 2: _____ gallons Tank 3: _____ gallons Tank 4: _____ gallons

B. ORIGNATOR INFORMATION

Originator Company Name: _____ Phone: _____
Originator Address: _____ State: _____ Zip: _____ County: _____
City: _____ Contact Name: _____ Contact Email: _____
Business: Open Closed Removal Date: _____
Type of Trap: Grease Interceptor Oil/Water Separator Grit/Sand Trap Outside Inside Other
Trap Condition: _____ Was Trap Cleaned by Hauler? Yes No
Was Graywater Returned to Trap? Yes No
Amount in Gallons Removed per Trap:
Trap 1 _____ Trap 2 _____ Trap 3 _____ Trap 4 _____
Trap 5 _____ Trap 6 _____ 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 _____

** If the grease waste removal occurs during the Originator's hours of operation, the Originator must sign the Service Manifest. If the grease waste removal occurs when the Originator is closed or before or after the Originator's hours of operation, the Hauler must leave a signed copy of the Service Manifest on the premises in a location designated by the Originator or make the Service Manifest available to the Originator electronically.*

C. GREASE WASTE DISPOSAL FACILITY INFORMATION

Disposal Facility Name: _____ Contact Name: _____
Disposal Facility Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ County: _____
Date of Grease Waste Disposal: _____ Total Amount of Grease Waste Received: _____ gallons
Disposal Facility Billing Receipt or 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.