

Manifest No.\_\_\_\_\_

**CITY OF DUBUQUE**  
WATER & RESOURCE RECOVERY CENTER  
FATS, OILS AND GREASE PROGRAM  
795 Julien Dubuque Dr. Dubuque, IA 52003



**Commercial Waste Hauler Manifest**

**ORIGINATOR INFORMATION**

Originator F.E. Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Customer # \_\_\_\_\_ F.E. FOG Permit No.\_\_\_\_\_

Type of Trap:  Grease Interceptor  Grease Trap  Outside  Inside

Other: \_\_\_\_\_ Trap Condition:\_\_\_\_\_

Tank #1 \_\_\_\_\_ gallons Tank #2 \_\_\_\_\_ gallons Service Frequency \_\_\_\_\_ Weeks

Tank #3 \_\_\_\_\_ gallons Tank #4 \_\_\_\_\_ gallons

**Generator Certifications:** I hereby certify that the type and quantity of wastes listed on this manifest are accurate, to the best of my knowledge.

Originator Name (Printed)

Signature

Date

Time

**TRANSPORTER INFORMATION**

Company \_\_\_\_\_ Driver Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Total quantity of waste removed from F.E.: \_\_\_\_\_ gal.

FOG Permit #: \_\_\_\_\_ Truck #: \_\_\_\_\_

**Transporter Certification:** I hereby acknowledge receipt of the above listed waste and will transport and dispose of it in accordance with all applicable local, state, and federal laws.

Driver Name (Printed)

Signature

Date

Time

**RECEIVER/DISPOSAL INFORMATION**

(To be completed by Receiving Facility)

Approved Receiving Facility Name (i.e. W&RRC) \_\_\_\_\_

Onsite Staff Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Approval/Permit # \_\_\_\_\_ NPDES # \_\_\_\_\_

Solid Waste Handling # \_\_\_\_\_ Industrial Pretreatment Permit # \_\_\_\_\_

Total Quantity Received Gallons \_\_\_\_\_

**Certification of Receipt:** The above waste was received by this facility within the authorized property boundaries and will be processed, disposed of, or recycled in accordance with all applicable laws.

Disposal Name (Printed)

Signature

Date

Time

COPIES TO: HAULER FOOD ESTABLISHMENT RECEIVING FACILITY

\*This Manifest must be retained by the F.E. and the Hauler for (3) three years.