

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
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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
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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
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COPIES TO: HAULER FOOD ESTABLISHMENT RECEIVING FACILITY

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