



COUNTY OF GEAUGA, OHIO

Board of County Commissioners

DEPARTMENT OF WATER RESOURCES

Section 7.30

12611 Ravenwood Dr Suite 390
Chardon OH 44024

Grease Trap/Interceptor Manifest

GENERATOR -To be filled out by Facility / Restaurant Representative

Date Pumped And Cleaned _____

Business Name: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact Person _____

Customer Billing Address _____ City _____ State _____ Zip _____

Waste Tank or Trap Capacity _____ Gallons Pumping Frequency _____

Waste From - Inside grease trap _____ Outside Grease Interceptor/ Trap _____

Grit Trap _____ Other (explain) _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIAL.

I ALSO CERTIFY THAT I, AS A REPRESENTATIVE OF THIS BUSINESS, WITNESSED THE PUMPING AND INSPECTION OF THIS TRAP.

Owner/Representative Signature

Print Name

TRANSPORTER - To Be Filled Out by Hauler

Business Name: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Truck License Number _____ Vehicle Permit Number _____

Hauled Waste Disposal Site _____

Address _____ City _____ State _____ Zip _____

Phone _____ Gallons Pumped _____

Tank Pumped Empty _____ Cleaned and Scraped _____

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND THAT ONLY THE TYPE WASTE SPECIFIED IS CONTAINED IN THE SERVICE VEHICLE.

I ALSO CERTIFY THAT THE WASTE REMOVED FROM THE GENERATOR WILL BE DISPOSED OF IN ACCORDANCE WITH COUNTY, STATE, AND FEDERAL LAW.

Hauler Signature _____

Truck Account/License #

Print Hauler Name

Document to be kept on file for three year as per 7.16. of the Geauga County Sanitary Sewer Rules.