



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 \_\_\_\_\_

\_\_\_\_\_  
Print Hauler Name

\_\_\_\_\_  
Truck Account/License #

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