



COUNTY OF GEAUGA, OHIO

Board of County Commissioners

DEPARTMENT OF WATER RESOURCES

s Section 7.31

12611 Ravenwood Dr Suite 390
Chardon OH 44024

Waste Cooking Oil 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 _____

Number of barrels hauled _____ Hauling Frequency _____

Name of Hauling Company _____ Driver's Name _____

Address _____ Phone Number _____

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 A REPRESENTATIVE OF THIS BUSINESS WITNESSED THE
PUMPING AND INSPECTION OF THIS TRAP AFTERWARDS.

Hauler Signature _____ Print Name _____ Date _____

Manager Signature _____

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 _____ Number of Barrels Hauled _____

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.

Truck Account/License # _____

Signature _____ Driver Name Print _____ Date _____