

NOTICE

THIS IS A COPY OF THE MANIFEST FORM FOR THE STATE OF GEORGIA AS MANDATED THAT EPD CREATE A UNIFORM STATE WIDE MANIFEST.

YOU ARE ALLOWED TO ADD YOUR LOGO AND ADDRESS TO THE TOP OF THE PAGE AND YOU ARE ALLOWED TO PRE-FILL IN THE INFORMATION IF YOU ARE THE HAULER AND DISPOSAL LOCATION. SOME INFORMATION MIGHT NOT PERTAIN TO YOUR BUSINESS SO YOU DON'T HAVE TO INCLUDE IT. PLEASE REMEMBER THAT YOU WILL BE GETTING A FOG PERMIT NUMBER SO THAT WILL NEED TO BE ON THIS FORM ALSO BEFORE YOU GO AND HAVE SOME PRINTED.

ALL OTHER INFORMATION IS TO STAY THE SAME AND ADDITIONS ARE NOT ALLOWED UNLESS APPROVED BY EPD.

Commercial Waste Manifest

ORIGINATOR INFORMATION

Originator Name _____ Contact Name _____

Address _____ Phone (_____) _____

City, State _____ Zip _____ County _____

Customer # _____

Type of Trap: Grease Interceptor Oil/Water Separator Grit/Sand 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 wastes listed under this consignment are not hazardous, as defined in regulations promulgated by the State of Georgia, Dept. of Natural Resources, and that the type wastes and quantity indicated are fully accurate.

Originator Name (Printed)	Signature	Date	Time
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TRANSPORTER INFORMATION

Company _____ Driver Name _____

Address _____ Phone (_____) _____

City, State _____ Zip _____

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 laws.

Driver Name (Printed)	Signature	Date	Time
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RECEIVER/DISPOSAL INFORMATION

Disposal Name _____ Contact Name _____

Address _____ Phone (_____) _____

City, State _____ Zip _____ County _____

EPD Approval/Permit # _____ NPDES # _____ LAS # _____

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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HAULER

GENERATOR

DISPOSAL

GENERATOR

COUNTY or INSPECTOR