

City of Cedartown
201 East Avenue
Post Office Box 65
Cedartown, Georgia 30125

Manifest No. _____

Commercial Waste Manifest

ORIGINATOR INFORMATION

Originator Name _____ Contact Name _____

Address _____ Phone _____

City, State _____ Zip _____ County _____

Customer No. _____

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, Department of Natural Resources, and that the type wastes and quantity indicated are fully accurate.

Originator Name (Printed) _____ Signature _____ Date _____ Time _____

TRANSPORTER INFORMATION

Company _____ Driver Name _____

Address _____ Phone _____

City, State _____ Zip _____

FOG Permit No. _____ Truck No. _____

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 _____

RECEIVER/DISPOSAL INFORMATION

Disposal Name _____ Contact Name _____

Address _____ Phone _____

City, State _____ Zip _____ County _____

EPD Approval/Permit No. _____ NPDES No. _____ LAS No. _____

Solid Waste Handling No. _____ Industrial Pretreatment Permit No. _____

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 _____

HAULER

GENERATOR

DISPOSAL

GENERATOR

COUNTY or INSPECTOR