

Company name (Logo) address, phone, etc.

Manifest No. _____

Commercial Waste Manifest**ORIGINATOR INFORMATION*******
Originator
Fill & Sign
and
date.Must be
signed
prior to
delivery.

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 Certification: 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

TRANSPORTER INFORMATION****
Transporter
Fill Sign &
DateMust be
signed
prior to
delivery

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

RECEIVER/DISPOSAL INFORMATION

Disposal Name Dougherty County Landfill Contact Name Melvin Williams
 Address 900 Gaissert Road Phone (229) 302-3227
 City, State Albany GA Zip 31705 County Dougherty
 EPD Approval/Permit # D47-D14DSL July 82 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

HAULER

GENERATOR

DISPOSAL

GENERATOR

COUNTY or INSPECTOR