

# CITY OF CLERMONT

## Oil & Grease Management Program

Control No.: \_\_\_\_\_

### ***HAULER MANIFEST / USER COMPLIANCE REPORT***

Please complete and return this Manifest following each pump-out to the Utilities Division via fax at (352) 241-0542 or by mail to 400 12<sup>th</sup> Street, Clermont, Florida, 34711. *Contact the Utilities Division at (352) 241-0178 for additional report forms.*

#### **Hauler Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Vehicle Tag Number: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_ gallons  
Waste Hauling Permit #: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_

#### **Generator:**

Customer Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Type of Device: \_\_\_\_\_  
Volume Pumped: \_\_\_\_\_ gallons

#### **Interceptor Condition:**

Walls & bottom in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs Repair
Inlet/outlet pipes intact	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs Repair
Baffle intact and unobstructed	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs Repair
Cover secure & in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs Repair

**Certification:** I certify that the above information is true and accurate. I further certify, to the best of my knowledge, that the subject wastes contain only food wastes and no sanitary, industrial or toxic wastes or substances. I further certify that the interceptor was completely pumped and cleaned, and no materials were pumped back into the interceptor or the City's wastewater collection system. I understand that falsification of this information is a violation of the City Code of Ordinances and I may be subject to enforcement action in accordance with the provisions set forth therein.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discharge Approval:** On this date \_\_\_\_\_ and time \_\_\_\_\_, the wastes listed in this manifest were approved for discharge, and were disposed by the hauler at the following permitted treatment facility:  
\_\_\_\_\_.

Operator Signature \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_