



Clinton Utilities Board – HAULER MANIFEST NO.: _____

ALL GREASE TRAPS AND GREASE INTERCEPTORS SHALL BE PUMPED-IN-FULL BEFORE THE TOTAL ACCUMULATIONS OF SURFACE FATS, OILS AND GREASE (FOG) - INCLUDING FLOATING SOLIDS AND SETTLED SOLIDS - REACH TWENTY-FIVE PERCENT (25%) OF THE GREASE INTERCEPTOR'S OVERALL LIQUID DEPTH.

AT NO TIME SHALL THE FREQUENCY OF PUMPING AND CLEANING ANY GREASE INTERCEPTOR EXCEED THREE (3) MONTHS, UNLESS APPROVED IN WRITING BY CUB.

THIS CUB HAULER MANIFEST, WITH SECTIONS 1 & 2 BELOW COMPLETELY FILLED OUT, SHALL BE FAXED TO JOE BROCK AT 865-457-0234 OR SCANNED AND EMAILED TO: JBROCK@CLINTONUB.COM NO LATER THAN THE END OF THE NEXT BUSINESS DAY AFTER EACH PUMPING/CLEANING.

The generator is responsible for ensuring the receipt of a completed manifest (Sections 1, 2 and 3 below) from their hauler. Completed manifests shall be kept on file at the address of the interceptor and/or tank for a minimum of 3 years.

1

GENERATOR INFORMATION

Business Name of Generator: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date Interceptor or Trap was last pumped prior to today: _____

Interceptor or Trap Capacity: _____ gallons. Scheduled Pumping Frequency: _____

Waste Removed today is from: Grease Interceptor Grit Trap Other _____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIAL, AND I FURTHER CERTIFY THAT I OR ANOTHER REPRESENTATIVE OF THIS GENERATOR WITNESSED THE COMPLETE PUMPING AND INSPECTED THE GREASE INTERCEPTOR AND/OR GREASE TRAP AFTER ITS BEING PUMPED OUT TO VERIFY IT WAS COMPLETELY PUMPED OUT:

Waste was pumped into the truck of the Hauler identified in Section 2 below on:

_____ at _____
(Date) (Time of Pumping) (Print Generator's Representative's Name) (Generator's Representative's Signature)

2

HAULER INFORMATION

Hauler's Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Gallons of Waste Removed: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND THAT I COMPLETELY PUMPED OUT THE GREASE INTERCEPTOR AND/OR GREASE TRAP. AND THE CONTENTS HAVE OR WILL BE HAULED TO THE SITE IDENTIFIED IN SECTION 3 BELOW FOR DISPOSAL.

_____ (Date) (Time of Pumping) (Print Hauler's Representative's Name) (Hauler's Representative's Signature)

3

DISPOSAL INFORMATION

Disposal Site's Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Gallons Received from this Hauler for this manifest: _____

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE MATERIALS HAVE BEEN ACCEPTED AT THIS DISPOSAL FACILITY AND TO THE BEST OF MY KNOWLEDGE THE FOREGOING IS TRUE AND ACCURATE:

Received at disposal site:

_____ at _____
(Date) (Time of Disposal) (Print Name of Disposal Site's Representative) (Disposal Site Representative's Signature)

WHITE – GENERATOR (fax to CUB) YELLOW – DISPOSAL SITE PINK – HAULER GOLDENROD – RETURNED TO GENERATOR (to keep on file)