

NORTH CORNWALL TOWNSHIP
320 South 18th Street
Lebanon, Pa. 17042
Phone: 717-273-9200



FATS, OIL AND GREASE HAULED WASTE MANIFEST

PART 1 – WASTE HAULER INFORMATION

Transporter/Permittee: _____ Permit No. _____
 Name of Driver: _____ Truck License No.: _____

PART 2 – WASTE GENERATOR INFORMATION

Name of Generator: _____ Permit No. _____
 Address: _____
 Phone: () _____ Date Pumped: _____ Time Pumped: ____:____ A.M. P.M.
 Size of Trap/Interceptor: _____ (gallons) Volume Pumped: _____ (gallons)
Signature of Generator: _____ **Date:** _____
 Print Name: _____

PART 3 – WASTE DISPOSAL SITE INFORMATION

Name of Disposal Site: _____ DEP Permit No. _____
 Address: _____
 Phone: () _____ Total Gallons Received: _____
Signature of Operator: _____ **Date:** _____
 Print Name: _____

I certify under penalty of law that this manifest was prepared by me or under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the wastes covered by this manifest are not hazardous as defined at 40 CFR Part 261. I further certify that all discharges made to North Cornwall Township sewer system or the disposal site are being made in accordance and in compliance with requirements specified in North Cornwall Township Ordinance No. _____ and any issued permit.

Printed Name	Signature of Transporter	Date
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NOTICE – Completion of this report is required by North Cornwall Township for informational purposes only. This manifest shall not be deemed as certification of conditions for real estate purposes.

A copy of this report is to be submitted to the waste generator listed above, and a copy is to be mailed within thirty (30) days after pumping to:

North Cornwall Township
 320 South 18th Street
 Lebanon, PA 17042

Copies to: Waste Hauler
 Waste Generator
 FOG Inspector
 North Cornwall Township