



**City of Daytona Beach
Fats, Oils, and Grease Program**

3651 LPGA Blvd.
Daytona Beach, Fl. 32124
(386) 671-8987

*All pumping activities should be
submitted within seven (7) days
at: FOG@codb.us*

Fats, Oils & Grease (FOG) Waste Disposal manifest

WASTE HAULER INFORMATION

NAME: _____ PHONE NO: _____

ADDRESS: _____

VEHICLE TAG NO: _____ DECAL NO: _____ TANK CAPACITY: _____ GALLONS

CUSTOMER INFORMATION:

BUSINESS/COMPANY: _____

PHYSICAL ADDRESS: _____

TELEPHONE NO: _____

TYPE OF DEVICE AT LOCATION: _____

INTERCEPTOR, TRAP & OWS CONDITION:

BAFFLE UNOBSTRUCTED & INTACT	} YES {	} NEEDS REPAIR	_____
COVER ACCESSIBLE, IN GOOD CONDITION & SECURE	} YES {	} NEEDS REPAIR	_____
OUTLET & INLET PIPES INTACT	} YES {	} NEEDS REPAIR	_____
WALLS & BOTTOM IN GOOD CONDITION	} YES {	} NEEDS REPAIR	_____

ESTIMATED WASTE THICKNESS & VOLUME REMOVED FROM INTERCEPTOR, TRAP & OWS DEVICE:

OIL/GREASE: _____ INCHES BOTTOM SOLIDS: _____ INCHES
TOTAL DEVICE DEPTH: _____ INCHES VOLUME PUMPED: _____ GALLONS

CERTIFICATION:

_____ I certify that by checking this line and signing below all information listed above is true and accurate. I further certify the device listed above was thoroughly pumped and cleaned and no removed waste was pumped back into the device unless prior approval was received from the control authority of the publicly owned treatment works wastewater collection system. I understand that falsification of information may be a violation of the local code and ordinances and I may be subject to enforcement action in accordance with the provisions set forth therein.

Customer Printed Name: _____ Date: _____

Customer Signature: _____

Driver Printed Name: _____ Date: _____

Driver Signature: _____

DISCHARGE APPROVAL:

On the dates and times stated below, the wastes listed on this tracking form were approved for discharge, and were disposed by the hauler at the following permitted disposal/treatment facilities:

Facility No.1 Name _____

Waste was received on this date: _____ Time: _____ Invoice/Ticket No: _____

Operator Signature: _____ Printed Name: _____

Facility No.2 Name _____

Waste was received on this date: _____ Time: _____ Invoice/Ticket No: _____

Operator Signature: _____ Printed Name: _____

Comments: _____

**WASTE HAULER, CUSTOMER, WASTE DISPOSAL FACILITY AND DESIGNATED DISTRICT AUTHORITY MUST
RETAIN A COPY OF THIS TRACKING FORM IN FILES FOR A MINIMUM THREE YEAR PERIOD.**