

**GENERATOR
HAULER
DISPOSAL**

City of Sanford
P. O. Box 1788
Sanford, FL 32772-1788
Tel. (407) 688.5000 ext 5512 or Fax (407) 302-1085
Pretreatment User Control Form



Utilities Department
Pretreatment Section

OIL / GREASE WASTE MANIFEST

1. Business information.

Generator Name _____ Contact Phone _____
Premise Address _____ Permit No. _____
City, State, Zip _____ Cleaning Frequency 90 Days
Contact Name _____ (circle one) 60 Days
30 Days
Other _____

Type of Device

Grease Trap Gallons per minute _____
Oil / Grease Interceptor Capacity in gallons _____
Oil / Water Separator Capacity in gallons _____

GENERATOR CERTIFICATION: I certify that the device was 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's Sewer Use Ordinance and subject to enforcement action in accordance with the provisions set forth in the City Code of Ordinances.

Print or Type Name	Signature	Date/Time
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2. Contracted certified hauler information.

Company Name _____ City, State, Zip _____
Address _____ Phone No. _____
Waste Hauling Permit No. _____ Type of Waste _____
No. of Containers _____
Container(s) Capacity in gallons _____
Amount of waste hauled _____

TRANSPORTER CERTIFICATION: I certify that the device was 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's Sewer Use Ordinance and subject to enforcement action in accordance with the provisions set forth in the City Code of Ordinances.

Print or Type Name	Signature	Date/Time
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3. State-certified disposal site information.

CERTIFICATION OF RECEIPT: The above waste was received by this facility and will be processed, disposed of or recycled in accordance with applicable laws.

Facility Name _____ Phone No. _____
Address _____ State Permit No. _____
City, State, Zip _____ Gallons Received _____

CERTIFICATION OF RECEIPT: The above waste was received by this facility and will be processed, disposed of or recycled in accordance with applicable laws.

Print or Type Name	Signature	Date/Time
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4. RETURN FORM TO THE GENERATOR AFTER COMPLETION