

**JEFFERSON COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT
GREASE CONTROL PROGRAM**

FSF PERMIT #

GREASE DISPOSAL MANIFEST

FOOD SERVICE FACILITY (Must be completed by FSF)
Facility Name _____ Phone _____
Facility Address _____

Waste Grease Removed From: Grease Trap Interceptor Other
Capacity of Grease Device _____ gallons
I certify that the material removed from these premises contain no hazardous materials and was removed by _____ to be disposed of in the approved manner.

Food Service Representative Signature & Printed Name Date & Time Serviced

GREASE HAULER INFORMATION (Must be completed by Hauler)
Hauler Company Name _____ Phone # _____
Company Address _____
Waste Grease removed from: Grease Trap Interceptor other
Capacity of Grease Device _____ gallons Vehicle Capacity _____ gallons
Vehicle Tag Number _____ Gallons Removed _____
Note any defects in grease trap: _____

I certify that the information provided is correct and that the material was disposed of at a designated approved facility.

Driver Signature & Printed Name AL Drivers License # Date & Time Serviced

WASTE GREASE RECEIVER INFORMATION (Must be completed by waste receiver)
Waste Disposal Site _____
Gallons of Grease Disposed _____

Site Owner Signature & Printed Name Date & Time received

White Copy - ESD Grease Control Office
Yellow Copy - Jefferson County Disposal Site

Pink Copy - Grease Hauler
Gold Copy - Food Service Facility