



Grease Interceptor Pumping Manifest

Utilities Department
Pretreatment Coordinator
401 South 5th Street
Salina, KS 67401
phone: (785) 826-7305
fax: (785)826-7256
email: pretreatfog@salina.org

Mail or fax to the Pretreatment Coordinator

Facility: _____

Address: _____

Contact: _____ Phone: _____

Pumping Company: _____

Phone: _____

<u>Grease Interceptor</u>	Gallons _____	Pumped		
Grease Depth _____ inches		Tee in place at effluent?	YES	NO
Solid Depth _____ inches				

Comments and Evaluations:

Certification Statement:

I certify under penalty of law the above information is true and correct to the best of my knowledge and further certify that the material being pumped contains the materials listed above and does not contain Hazardous Waste as defined by the Federal Resource Conservation and Recovery Act.

_____	_____	_____	_____
Facility Representative	Date	Driver	Date

The Facility must maintain manifest records on site for a minimum of 3 years, and submit them to City personnel upon request.