COUNTY OF MAUI
WASTEWATER RECLAMATION DIVISION
PRETREATMENT PROGRAM
2200 Main Street, Suite 610 Wailuku, Hawaii 96793
Tel (808) 270-7417 Fax 270-7425

MONTHLY FATS, OIL & GREASE MANIFEST FORM

Company: _____ Month/Year: _____

Address: _____

_____ Wastewater Discharge

Phone No.: _____ Permit No. _____

Date	Time of Disposal	Name of Business Pumped	Type of Waste *	No. of Gallons	Operator Initials	Disposal Point	Vehicle License No.

Rev. 1/09

TOTAL

***Type of Waste: 1 – Grease Trap/Interceptor 2 – Used Cooking Oil 3 – Oil/Water Separator 4 – Other _____**

I certify that this Waste Manifest Form is correct and just:

Signature _____ **Title** _____ Date _____

Note: Permit will be revoked if Fats, Oil & Grease Manifest Form is falsified or if provisions stated under Maui County Code Sections 14.21A.085 and 14.21A.150 are violated.
Fats, Oil & Grease Manifest Forms must be submitted monthly. Please submit to the Wastewater Reclamation Division, 2200 Main Street, Suite 610 Wailuku, HI 96793, by the fifth day of the following month.