Uniform Waste Grease Manifest (Form WG-2)

CLEAR FORM PRINT SAVE

Colorado Department of Public Health and Environment

NOTE: Pursuant to §30-20-123, et seq, of the Colorado Revised Statutes (C.R.S.), and Section 18 of the Colorado Solid Waste regulations (6 CCR 1007-2, Part 1), all waste grease transporters and waste grease facilities are required to use copies of this manifest when transporting waste grease within Colorado. Copies of all manifests must be kept by registered Waste Grease Transporters and registered Waste Grease Facilities for 3 years. Registered Waste Grease Transporters are required to provide completed manifests to the originating Source/Generator and registered destination facility.

WASTE GREASE SOURCE OR GENERATOR INFORMATION

Pick-up Business/Generator Source Name:			Original Source/Generator (if different)	
Street Address:		Business Phone:	Street Address:	
City:		E-mail address (Optional):	City:	
State:	Zip:		State:	Zip
Waste Grease Picked Up: Complete pump out of collection or holding device (Yes/No): _____ Amount of Grease Removed: _____ ☐gallons or ☐pounds			Pick-up Business/Waste Grease Source or Generator (Optional: May be required by some other authority) Signature: _____ Printed name: _____	

NOTE: A separate manifest must be completed for each pick-up of waste grease at each Waste Grease Source and/or Generating Facility.

WASTE GREASE TRANSPORTER INFORMATION

Date and Time:	Transporter Registration Number:		Manifest Number:
Business Name:			Vehicle Decal Number:
Street Address:		Business Phone:	Driver Signature:_____
City:		E-mail Address (Optional):	
State:	Zip:		Printed name: _____

WASTE GREASE (DESTINATION) FACILITY

Date and Time:	Facility Registration Number:		Facility Decal Number:
Business Name:			Waste Grease Delivered from Source Identified Above _____ ☐gallons or ☐pounds
Street Address:		Business Phone Number:	
City:		E-mail address (Optional):	
State:	Zip:		Waste Grease (destination) Facility (Optional: May be required by some other authority) Signature:_____ Printed name: _____
Check type(s) of facility: Trans-Shipment Location ☐ Transfer Station ☐ Collection Facility ☐ Processing Plant ☐ POTW Facility ☐			

TOTAL AMOUNT OF WASTE GREASE IMPORTED FROM OUT OF STATE (IF APPLICABLE)

Amount of Waste Grease brought in from Out-of-State: _____ ☐gallons or ☐pounds

TOTAL AMOUNT OF WASTE GREASE EXPORTED OUT OF STATE (IF APPLICABLE)

Amount of Waste Grease shipped Out-of-State: _____ ☐gallons or ☐pounds