



Wastewater Utility
 PO Box 178
 Whitewater, WI 53190

Business Name: _____

Amalgam Separator Maintenance Log

Date	Maintenance Performed	Maintenance Performed By	Comments	Authorized Business Representative

I, to the best of my knowledge and ability agree that the above maintenance information is accurate and current. I will make all efforts to maintain compliance with the City of Whitewater Ord. 16.14.576 & 577 as they pertain to amalgam separator maintenance.

 Signature of Business Representative

 Date

* due on or before May 1 of current year

