City of WHITEWATER

Grease/Sand Interceptor Inventory

Business Name: _____

Contact Person: _____

Business Address: _____

Phone: _____

Fax: _____

Email: _____

Do you have a grease trap? (circle one) Y N

Do you have a sand interceptor? (circle one) Y N

Installation Date: _____

Grease trap type (interior/exterior) / brand: _____ / _____

Grease trap dimensions (L x W x D): _____

Grease trap design operating volume (gallons): _____

Sand interceptor dimensions (L x W x D): _____

Manuf. recommended service schedule: _____

Last date of service: _____

Contractor responsible for service: _____

Contractor phone: _____

Ultimate product disposal site: _____

I, to the best of my knowledge and ability agree that the above information is accurate and current. I will make all efforts to maintain compliance with the City of Whitewater Ord. 16.14.585 as it pertains to interceptor operations and maintenance. At any time this information is updated or changed I will provide the information to the program administrator.

_____ _____

Signature of Business Representative Date

G:/projects/greasetraps/inventoryform.xls