



# Payson City Corporation WWTP Pretreatment Program

## Grease Trap & Interceptor Maintenance Report

Facility Name			
Address			
Phone			
Contact Person		Title	

Maintenance				
Date	Time	Type of Maintenance Performed	Maintenance Performed by	Position
	☐am ☐pm			

*NOTE: Maintenance can be visual check, replacement of parts, etc. Please note addition information on reverse side.*

### Firm Contracted to Pump Grease Trap or Interceptor

Business Name			
Address			
Phone			
Contact Person		Title	
License or Permit #			

### Trap or Interceptor Cleaning

Date	Time	Signature of Employee or Hauler	Print Name of Employee or Hauler	Grease Measured (inches)			Gallons Transported	Pump-Out Method Mark One	
				Depth of Grease	Depth of Water	Depth of Solids		Complete Pump-out	Pump & Return
	☐am ☐pm								
	☐am ☐pm								
	☐am ☐pm								
	☐am ☐pm								
	☐am ☐pm								

**Additional comments:**       Yes (use reverse side)

***I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or people who manage the system, or those people directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.***

\_\_\_\_\_  
**(Signature of Authorized Representative)**

\_\_\_\_\_  
**(Date)**