

Preferred Pumper Program Grease Interceptor/Trap Certification Form

Facility Name

Phone Number

Address

City

State

Zip Code

Business License Number

I _____ of _____
Print Name Municipality

certify that the above listed facility has _____ grease interceptor(s)
Number of grease interceptor(s)

and _____ grease trap(s). I have examined these fixtures and have found
Number of trap(s)
them to be in good working condition and functioning properly.

Signature / Date

Phone Number

Owner Certification

I _____ certify to the best of my knowledge
Printed Name of Owner / Manager
the above statements to be true and correct.

Signature of Owner / Manager

Date

Facility Diagram (Draw the locations of the plumbing fixtures and grease interceptors / traps for this establishment. List type (internal/external) and volume next to each fixture.)

Is the grease interceptor associated with this facility connected to other facilities? Yes No
If yes, how many facilities are attached to this fixture?

