

## Grease Trap Inspection

Interceptors shall be provided, where deemed necessary by the Village, to prevent discharge of excessive amounts of liquid wastes containing grease. They shall be cleaned and repaired by the user and remain in efficient operation at all times. They shall be approved by the Village and shall be located so as to be readily and easily accessible for inspection by the Village.

**Date:** \_\_\_\_\_

**Utility Account Number:** \_\_\_\_\_

### 1. REPORTING FACILITY INFORMATION.

Business Name \_\_\_\_\_

Service Address \_\_\_\_\_ **Albany, OH. 45710**

Business Representative Name \_\_\_\_\_ Title \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### INTERCEPTOR INFORMATION. *(Use separate form for each device)*

Grease Trap Location: \_\_\_\_\_ Size \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Time \_\_\_\_\_

Inspectors Name: \_\_\_\_\_ Title \_\_\_\_\_

Method and Frequency of Cleaning \_\_\_\_\_

Was Material Removed? **Yes No** Where was it taken: \_\_\_\_\_

### 2. CLEANING / HAULING COMPANY INFORMATION.

Hauler's Name \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

The information requested on this application may be relied upon by the Village in considering the validity of this inspection. Any false statement made knowingly may be grounds for criminal action under state and local law: (Ohio Revised Code §2921.13)

I HEREBY SWEAR OR AFFIRM THAT ALL INFORMATION PROVIDED HEREIN IS TO THE BEST OF MY KNOWLEDGE TRUTHFUL AND ACCURATE.

\_\_\_\_\_  
Business Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village Inspector Signature

\_\_\_\_\_  
Date

