

PRETREATMENT PROGRAM - CITY OF БЕЛОIT WATER RESOURCES INSPECTION FORM

Business Name _____	Permit No. _____
Type of Inspection I F V SSO C	Inspector _____
Address _____	Certificate Yes No
Contact Person _____	Date/Time _____
Last Date Cleaned _____	Frequency _____
Hauler _____	Interceptor Condition _____

Good: Most grease in the influent compartment, little grease in center compartment, minimum in effluent compartment, not rancid

Fair: Most grease in the influent compartment, some grease in center compartment, little in effluent compartment, not rancid

Poor: Significant grease in all compartments and/or rancid smelling and/or dark color

INSPECTION RESULTS:

Failure obtain Business Permit: _____

Failure to allow inspection _____

Log/Manifest NOT posted/updated _____

Failure to properly maintain interceptor _____

Increase frequency _____	Grease layer on top _____ %
Scrapping techniques _____	_____ "
Baffle/V-Screen Condition _____	Sediment on bottom _____ %
Reintroducing gray water _____	_____ "
Other _____	_____

Sanitary Sewer Overflow _____

Blockage reported _____

Manholes involved _____

Citation will be issued and/or Corrective Action: _____

Notes: _____

Contact Signature _____

Date _____