

JEA FOG Program Small Trap Pump-out Report For Month of: _____

This form authorized for use only when grease trap capacity is less than 50 gallons.

Facility Name: _____ **JEA ID:** _____ -

Location Address: _____ **E-mail:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

(completely darken applicable circle ● or fill in requested information for each line item)

Grease Trap Inspection: *(Select a or b, comment as needed)* **Number of Traps:** _____

a: **Fully Functional**

Trap Size (gal): _____

b: **Repair Needed**

Comments: _____

Date of Cleaning(s) mm/dd/yy (refer to maintenance frequency requirement)

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MAINTENANCE/DISPOSAL CERTIFICATION STATEMENT: "I hereby certify that all information provided herein is true and correct to the best of my knowledge and belief. I further certify that all materials removed from grease trap have been disposed of in accordance of City of Jacksonville solid waste requirements. For more information contact (904)665-7404 or e-mail fog@jea.com

Signature of Owner/Manager

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MM/DD/YY