



## FOG Reduction Program, Grease Trap Certification Form

\_\_\_\_\_  
Facility Name ( )  
Phone Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Business License Number

### Plumber/JEA Preferred Hauler Certification

I \_\_\_\_\_ of \_\_\_\_\_  
Print Name Print Company

certify that the above listed facility has \_\_\_\_\_ grease interceptor(s). I have  
Number of grease interceptor(s)

examined these fixtures and have found them to be in good working condition and  
functioning properly.

\_\_\_\_\_  
Signature/Date Plumbing Contractor/JEA Preferred Hauler ( )  
Phone Number

### Owner Certification

I \_\_\_\_\_ certify to the best of my knowledge the  
Printed Name of Owner/Manager

above statements to be true and correct. \_\_\_\_\_  
Signature/Date Owner/Manager

**Complete and mail this form to:**  
JEA Industrial Pretreatment (T-8)  
21 West Church St.  
Jacksonville, Fl 32202-3139

<b>For Official Use Only</b>
Facility Number Assigned: _____
Grease Trap Designations(Circle Highest)
<b>A B C D E F G H I J K L M N</b>

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

Is the grease trap associated with this facility connected to other facilities?  Yes  No  
If yes, how many facilities are attached to this fixture? (If multiple facilities are connected to a grease trap, only one inspection is necessary. Due to the database tracking system however, each facility must complete and submit an individual grease trap certification form.)