

Johnson County Grease Interceptor Hauler Inspection Form



Date: _____

Licensed Sanitary
Disposal Contractor: _____

Facility Name: _____

Pumped by (name): _____

Address: _____

Disposal Site: _____

City: _____

Time of Arrival: _____ a.m./p.m. Time of Departure: _____ a.m./p.m.

OUTLET SIDE: Thickness of material floating/grease (inches): _____

OUTLET SIDE: Solids/food on bottom (inches): _____

Method of Measurement: Sludge Judge Dipstick Estimate Other

Total capacity of Interceptor (gallons): _____

NOTE: If this is an "in-series"
set up, please use a slash
between the measurements
and the total gallons.

Total amount pumped (gallons): _____

Condition of Grease Interceptor:

- | | | | |
|---|---------|--------|-------------|
| Does the baffle have structural problems? | [] yes | [] no | [] missing |
| Does the inlet have structural problems? | [] yes | [] no | [] missing |
| Does the outlet have structural problems? | [] yes | [] no | [] missing |
| Is the interceptor leaking? | [] yes | [] no | |
| Does interceptor show signs of corrosion that would cause it to fail? | [] yes | [] no | |

Comments: _____

Verification of Service: This certifies that the above information is accurate and the grease interceptor was pumped out and cleaned in accordance with the Johnson County Code of Regulations for Sanitary Sewer Use (2003 ed.). I understand that falsification of this information is a violation of the Code and is subject to enforcement in accordance with the Code.

Signed (grease collector): _____ **Date:** _____

White copy for Sanitary Disposal Contractor
Yellow copy for Facility Grease Book

Return this form to:
Johnson County Wastewater
11811 S. Sunset Drive, Suite 2500
Olathe, KS 66061
Phone: (913) 715-8500 Fax: (913) 715-8501
Email: JCW-FOG@jocogov.org