GREASE TRAP/INTERCEPTOR REPORTING LOG



City of Goshen Wastewater 1000 W. Wilden Ave, Goshen, IN 46528

foginspector@goshencity.com

Phone 574-534-4102, Fax **574-534-4350**

THIS FORM MUST BE POSTED IN KITCHEN

Facility Name:		Address:		
Permit Number:		*Email:		
(*Required) Reporting Quarter: (Interceptors/grease traps cleaned as stated in your permit) First Second Third Fourth None Required This Quarter				
Date Cleaned	O		Amount of Solids or Grease Removed (lbs. or gal.)	Initials of Owner or Manager

Post this log in a plastic sleeve on the wall in the kitchen in a safe area, protected from food, water and grease. Submit this form along with all required documents on or before the **28**th of the months of **April** (1/1-4/28), **July** (4/29-7/28), **October** (7/29-10/28), and **January 2**nd (10/29-12/31) until further notice to:

Goshen Wastewater Plant

1000 W. Wilden Ave Goshen, IN 46528

Mick's Phone: 574-534-5802, Email: foginspector@goshencity.com