Wastewater Treatment Plant

Grease Trap Certification (Form B)

HISTORIC FRANKLIN TENNESSEE

The City of Franklin Wastewater Department is requiring that this grease trap certification be completed due to either identification of grease discharge or the inability to determine compliance. Complete this grease trap certification to verify that all components of the grease control equipment are present and in good working condition.

Facility Name   **Phone #**

Address	City	State	Zip Code	
			Pass	**Fail ***
1. Interceptor completely emptied and cleaned before inspection?			☐	☐
2. There is access to all trap chambers for cleaning?			☐	☐
3. Flow restrictor device is installed (before grease trap or at grease trap inlet)?			☐	☐
4. Flow restrictor device installation is correct (proper flow direction and orientation)?			☐	☐
5. Grease trap is vented (vent on flow restrictor)?			☐	☐
6. Grease trap has **NO** visible holes or leaks?			☐	☐
7. Baffle(s) (inlet, middle and outlet . . . depending on design) are secure and operational?			☐	☐
8. Automatic or machine dishwasher is **NOT** connected to the grease trap?			☐	☐
9. No Sewer clean – out covers missing or damaged?			☐	☐

Important Required Information & Response: If the answer to any of the above questions is "Fail", the equipment has failed certification. A statement of the plan of action to be taken, with date to be completed, needs to be provided on the attached sheet under "Response Comments" (attach additional sheets to explain corrective action if necessary).

Inspector Certification – This grease trap has ☐ Passed or ☐ Failed certification.

I _____ of _____
  (print name of inspector)   *(print company name)*

certify that the above listed facility has a _____ gallons per minute / _____ Pound capacity grease trap.
I have examined the grease trap and provided the above information.

_____   _____   _____
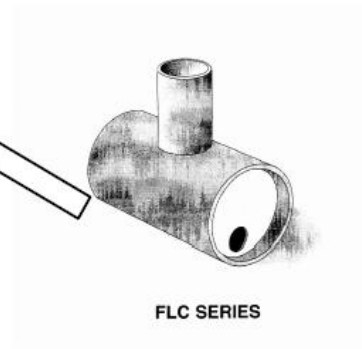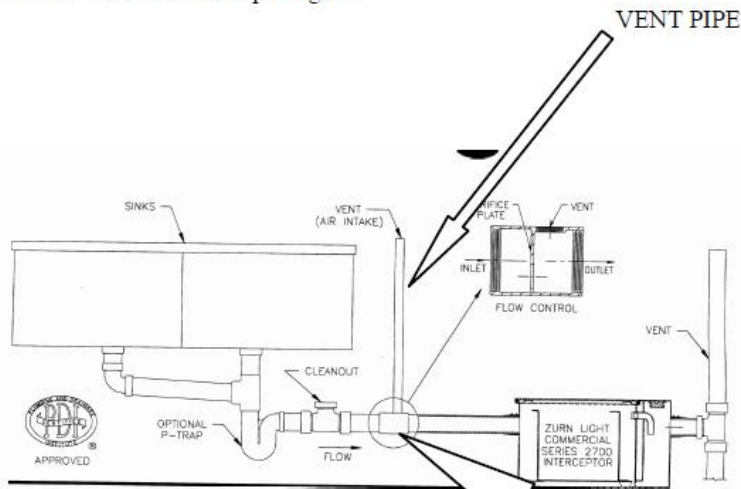*Inspector Signature*   *Date*   *Phone #*

Facility Owner/Manager Certification

I _____ certify to the best of my knowledge the above statements to be true and correct.
  (print name)

_____   _____   _____
Signature   *Date*   *Phone #*

Submit Original Certification Form To:
City of Franklin WWTP, FOG Control Program, 135 Claude Yates Drive, Franklin, TN 37064

Under the Sink Grease Trap Diagram

VENT PIPE

FLC SERIES

FLOW RESTRICTOR (Key component)

Response Comments (required if "Fail" checked, identify problem, corrective action and provide planned date of corrective action)

_____

_____

_____

_____

_____

_____

_____

_____

_____

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