**GREASE CONTROL EQUIPMENT MAINTENANCE**

**BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Frequency of Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(As required by permit)

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| --- | --- | --- | --- | --- |
| Date | Maintenance performed (i.e. pumped and cleaned) | Amount Hauled | Name of Waste Hauler | Manager's Initials |
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When this schedule is full, or every 6 months, as arranged with Pretreatment Coordinator, please mail to: Murray WRRF

Attn: Pretreatment Coordinator

200 Andrus Drive

Murray, KY 42071