GREASE CONTROL EQUIPMENT MAINTENANCE

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
_____
Frequency of Maintenance _____
(As required by permit)

Date	Maintenance performed (i.e. pumped and cleaned)	Amount Hauled	Name of Waste Hauler	Manager's Initials

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