

GREASE CONTROL DEVICE MAINTENANCE MANIFEST

FSE Information

Facility Name:

Street Address:

Hauler and Disposal Information

Company Name : Brockwell's Septic and Service, Inc.
PO Box 647 Quinton, VA 23141

If you have any questions, please contact : James N. Brockwell Office 804-932-8289

Approximate Time and Date of Service : _____:_____ () a.m. () p.m. ____/____/____

Waste Removed From : (X) Grease Trap () Grease Interceptor () Other : _____

Grease Control Device Capacity : _____ (X) Gallons () GPM () LBS

Grease Control Device Condition Measured by: (X) Sludge Judge Device () Visual Inspection

Measured Floating FOG Scum Layer () inches

Measured Bottom FOG Sludge Layer (_____) inches

Total Measured FOG () inches

Total Measured Trap Capacity (_____) inches

Total FOG percent to Capacity () %

Total Measured FOG in Gallons () Gallons

Approximate Volume FOG Removed : _____ (X) Gallons () LBS

GCD Condition : () Acceptable () In Need Of Repair

Additional Comments :

Disposal Site :

() HRSD Atlantic () HRSD Williamsburg () Chesapeake () Henrico
() HRSD Nansemond () Boat Harbor () York River () Hanover

I hereby certify that, to the best of my knowledge, the information provided above is correct.

Hauler Signature

Ralph Gove
Hauler Printed Name

____/____/____
Date

MUST MAINTAIN IN RECORDS FOR 3 YEARS