



## FOG Reduction Program, Grease Interceptor/Trap Certification Form

(This Form can be turned in with your next pump out form)

\_\_\_\_\_  
Facility Name (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Address Manteca, CA

\_\_\_\_\_  
Business License Number

### Plumber

I \_\_\_\_\_ of \_\_\_\_\_  
Print Name Print Company / CA Contractor #

Certify that the above listed facility has \_\_\_\_\_ grease interceptor(s) and/or  
\_\_\_\_\_ grease trap(s). I have examined these fixtures and have found them to  
be in good working condition and functioning properly, including, where appropriate,  
proper installation of flow restrictors. I have also identified that all FOG producing  
drains are plumbed to flow through the grease control device identified.

### Owner Certification

I \_\_\_\_\_ certify to the best of my knowledge the  
Print Name of Owner/Manager  
above statements to be true and correct.

\_\_\_\_\_  
Signature /Date of Owner/Manager

### Complete and mail this form to:

City of Manteca  
Department of Public Works (WQCF)  
FOG Compliance Program  
1001 W. Center St.

Manteca, CA 95337

**Facility Diagram** (Draw the location of all plumbing fixtures and grease traps/interceptors for this establishment. Identify trap/interceptor type and volume. Clearly identify all fixtures that do and do not flow through grease traps/interceptors. Identify the names of all business served)

