

PRETREATMENT PROGRAM - CITY OF BELOIT WATER RESOURCES INSPECTION FORM

Business Name _____	Permit No. _____
Type of Inspection I F V SSO C	Inspector _____
Address _____	Certificate Yes No
Contact Person _____	Date/Time _____
Last Date Cleaned _____	Frequency _____
Hauler _____	Interceptor Condition _____

Good: Most grease in the influent compartment, little grease in center compartment, minimum in effluent compartment, not rancid
 Fair: Most grease in the influent compartment, some grease in center compartment, little in effluent compartment, not rancid
 Poor: Significant grease in all compartments and/or rancid smelling and/or dark color

INSPECTION RESULTS:

Failure obtain Business Permit: _____	
Failure to allow inspection _____	
Log/Manifest NOT posted/updated _____	
Failure to properly maintain interceptor _____	
Increase frequency _____	Grease layer on top _____ %
Scrapping techniques _____	" _____ "
Baffle/V-Screen Condition _____	Sediment on bottom _____ %
Reintroducing gray water _____	" _____ "
Other _____	
Sanitary Sewer Overflow _____	
Blockage reported _____	
Manholes involved _____	

Citation will be issued and/or Corrective Action: _____

Notes: _____

Contact Signature _____ Date _____