



**City of Salina
Utilities Department
Grease Interceptor
Pumping Log**

Name of Facility: _____ Manager: _____

Address: _____ Phone: _____

Interceptor Size: _____ gallons GI Location: _____

Inspection of the Interceptor must be performed on a monthly basis and recorded below.

Measurements shall be taken by removing the interceptor cover near the outlet side and inserting the measuring device through the floating scum layer to the bottom of the interceptor.

Observe and record below the depth of the scum and accumulated solids on the bottom in inches.

The Interceptor shall be pumped by a licensed waste hauler once every 90 days.

Pumping activity shall be documented below and a copy of the manifest mailed or faxed to the address below.

Date Inspected	Inches of Floating Fog Scum	Inches of Bottom Solids	Date Pumped	Service Company	Inspector's Initials	Signature of Representative

This record must be maintained on site for three (3) years.

Questions? Please contact:

**Water Quality Coordinator
401 S. Fifth
Salina, KS 67401
785-826-7305 Ext. 218
e-mail: pretreatfog@salina.org**