

**WATER POLLUTION CONTROL DIVISION**

**GREASE TRAP PROGRAM GREASE QUARTERLY REPORT 20**

Please indicate the quarter for which this report is being submitted:

January through March April through June

July through September October through December

1. Facility Name:

Street

City State Zip

2. Facility Contact:

Title:

Telephone

3. Grease Hauler Name:

4. Date of cleaning Volume gallons

5. Method of Disposal

(i.e., hauler, trash receptacle, land application, treatment plant discharge)

6. Have any repairs been made to the grease interceptor/trap? Yes No

Your email address (optional)

Please forward any questions to the FOG Control Program Administrator @ [wpc@wycokck.org](mailto:waterpollutionctrl@wycokck.org) or (913) 573-1300