



**PUBLIC WORKS  
WATER POLLUTION CONTROL**

Water Pollution Control P: (913) 573-1300  
50 Market Street F: (913) 573-1351  
Kansas City, KS 66118 E: info@wycokck.org

# Fats, Oils & Grease Program, Annual or Semi-Annual Report

*The Deadline for Submission of This Report is January 31, 2025*

## Section 1 – Reporting Period

Please indicate the Annual or Semi-Annual period for which this report is being submitted (only if prior approval is received).

- 2024 Annual Report
- Semi-Annual Report Period: \_\_\_\_\_

## Section 2 – Permit, Facility & Hauler Contact Information

Permit Number: \_\_\_\_\_

### Facility

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Designated Facility Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Facility Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Grease Hauler Contact (If Applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



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### Section 3 – Facility Equipment & Reporting

1. Does your facility have any of the following FOG Control Equipment?
  - a. Common (Multi-Facility Grease Interceptor):  Yes  No
  - b. Interior Grease Trap:  Yes  No
  - c. Underground Grease Interceptor:  Yes  No
  
2. Have any repairs been made to the grease interceptor/trap?  Yes  No
  - a. If YES, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Dates of interceptor/trap cleaning: \_\_\_\_\_
  
4. Interceptor/trap size (gallons or pounds): \_\_\_\_\_
  
5. Method of disposal: \_\_\_\_\_
  
6. Grease Generator Report(s) included:  Yes  No
  
7. Employee BMP Training Log included:  Yes  N/A
  - a. Select N/A if the answer to 6 is YES

### Section 4 – Signature & Submission

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your information via one of the below addresses:

- Email:** wpc@wycokck.org  
**Fax:** (913) 573-1351, c/o Water Pollution Control FOG Program  
**Mail:** Water Pollution Control FOG Program, 50 Market Street, Kansas City, Kansas 66118