Facility Name: __________________________________________
Address: _______________________________________________

The BMP must be maintained on-site and available for review upon request:
(Follow attached instructions and use extra sheets if necessary)

1) List FOG sources:  Handling/cleaning practices to minimize discharge of FOG:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

2) Additional practices to minimize FOG discharges or buildup in sewer lines:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

3) List routine inspection and maintenance procedures of the grease interceptor or grease trap:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

4) Attach a copy of the Operations and Maintenance procedures for the grease trap(s) or grease interceptor(s). Explain how cleaning frequency will be determined:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH
THE INFORMATION IN THIS BEST MANAGEMENT PLAN FOR FATS, OILS, AND GREASE REDUCTION AND
BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

Authorized Representative Signature       Title       Date

5/4/05
# GREASE TRAP/INTERCEPTOR CLEANING LOG

Record of volume of grease removed (not total volume of liquid removed)

MAKE EXTRA COPIES OF THIS FORM FOR FUTURE USE

<table>
<thead>
<tr>
<th>Date Cleaned</th>
<th>Gallons of Grease Removed</th>
<th>Grease Trap/Interceptor Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mark satisfactory or unsatisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(If unsatisfactory, indicate action taken to correct)</td>
</tr>
</tbody>
</table>

1.) _______________ __________________  ______________________________________________  
2.) _______________ __________________  ______________________________________________  
3.) _______________ __________________  ______________________________________________  
4.) _______________ __________________  ______________________________________________  
5.) _______________ __________________  ______________________________________________  
6.) _______________ __________________  ______________________________________________  
7.) _______________ __________________  ______________________________________________  
8.) _______________ __________________  ______________________________________________  

NOTE: ON-SITE COPY OF BMP AND GREASE TRAP/INTERCEPTOR CLEANING LOG IS SUBJECT TO REVIEW BY THE HEALTH DEPARTMENT OR BY THE DIVISION OF SEWERAGE AND DRAINAGE UPON REQUEST.

RETAIN THIS RECORD IN A PERMANENT LOG BOOK FOR A MINIMUM OF 3 YEARS

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**CERTIFICATION STATEMENT***

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION ON THIS FORM AND BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

_____________________________________  _________________________ ________________  
Authorized Representative Signature   Title    Date

*Authorized representative signs and dates when form is completed

5/4/05