



CITY OF TARPON SPRINGS, FLORIDA

Fats, Oils, and Grease Management Program

201 East Pine Street
Tarpon Springs, Florida 34689
Telephone: (727) 942-5616
Fax: (727) 942-5624
e-mail: carter@ci.tarpon-springs.fl.us

Quarterly Report

Please circle the month that corresponds to the end of the quarter for which this report is being submitted:

March June September December

1. Establishment Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Commercial Wastewater Discharge Permit Number: _____

2. Designated Establishment Contact Name: _____

Title: _____ Telephone Number: _____

3. Grease Waste Hauler Name: _____

Telephone Number: _____

4. Has a variance been granted to this establishment? Yes No

5. If yes to question 4, what is the alternate pumping frequency? _____

6. Does the establishment allow gray water return? Yes No

7. Have repairs been made to the grease interceptor? Yes No

8. If yes to question 7, please provide a brief description of the repairs and the date(s) that the repairs were completed.

9. Indicate the following information for the quarter being reported:

Date of Cleaning	Amount of gray water removed in gallons	Measured depth of grease layer in inches	Measured depth of solid layer in inches	Disposal facility used by grease waste hauler

A copy of all grease interceptor pump-out receipts or manifests MUST be attached to the quarterly report form. Reports submitted without the copies of the receipts or manifests will be considered incomplete.

Pursuant to Chapter 20, Article VIII, Section 20-103(a)(8) of City code, reports shall be deemed to be late and subject to late fee(s) if they are received by the City more than fourteen (14) calendar days after the end of each month specified above.

Please mail or deliver this quarterly report form to:

**City of Tarpon Springs Wastewater Treatment Facility
Attn: FOG Management Program
201 East Pine Street
Tarpon Springs, Florida 34689**

If you have any question or require assistance with the completion of the quarterly report form, please contact the City of Tarpon Springs FOG Management Program at (727) 942-5616.

Authorized Signature:

_____ Printed Name

_____ Title

_____ Signature

_____ Date

_____ Phone