



Division of Water Quality | FOG

6040 Waterworks Road | Norfolk, VA 23502

Office: (757) 441-5678 ext.229 | Fax: (757) 441-5693

Email: [UTFog@norfolk.gov](mailto:UTFog@norfolk.gov) | 24 HR Water & Sewer Emergency: (757) 823-1000

### Grease Control Device Cleaning Log

(Hydro Mechanical / Gravity Grease Interceptor)

| FSE Name:   |                            |                                       |        |                      |                       |          |                                   |
|---|----------------------------|---------------------------------------|--------|----------------------|-----------------------|----------|-----------------------------------|
| Address:  |                            | GCD Location: Ext / FLR / US / Other: |        |                      |                       |          |                                   |
| <b>Max amount of grease + solids (25% capacity): (By law records must be retained on-site for at least 3 years)</b> |                            |                                       |        |                      |                       |          |                                   |
| Date Cleaned  | Cleaned By (Co./or Person) | Amount Removed in Inches              |        |                      | Calculation:          |          | Initials of FSE Rep./Auth. Person |
|   |                            | Grease                                | Solids | Total Depth (No Air) | Grease + Solids/Total | % of FOG |                                   |
|   |                            | A                                     | B      | C                    | $\frac{A + B}{C}$     | x 100    |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |

**Any falsification, misrepresentation, or misleading information VOIDS this maintenance log sheet.**

*I hereby certify that I am the Owner/Authorized Representative to make*

*entries to the foregoing maintenance log sheet and that the information contained on this sheet is correct.*

Signature of Owner/Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_



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|   |                            | A                                     | B      | C                    | $\frac{A+B}{C}$       | x 100    |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |
|   |                            |                                       |        |                      |                       | %        |                                   |

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