



This certification form must be completed by a "Kingsport certified" Grease Waste Hauler or plumber.

GREASE INTERCEPTOR CERTIFICATION (Form A)

The City of Kingsport Wastewater Department is requiring that this grease interceptor certification be completed annually to verify that all components of the grease interceptor are present and in good working condition. Have a Kingsport certified grease waste hauler or plumber complete this form and submit to the City.

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: Kingsport, TN. Zip Code \_\_\_\_\_

PASS FAIL\*

- 1. Interceptor completely emptied and cleaned before inspection?
2. There is access to all interceptor chambers for cleaning and inspections?
3. Influent (inlet) T is attached and extends downward at least 2/3 depth of tank?
4. Effluent (outlet) T is attached and extends downward to within 12" of tank bottom?
5. Effluent (outlet) T is made of non-collapsible material that does not easily flex or bend...
6. Interceptor tank does Not have visible holes or leaks?
7. Mid-wall baffle(s) is secure and operational?
8. Interceptor maintaining structural integrity?
9. No Sewer clean-out covers missing or damaged?

\* IMPORTANT REQUIRED INFORMATION & RESPONSE: If the answer to any of the above questions is "Fail", the equipment has failed certification. A statement of the plan of action to be taken, with date to be completed, needs to be provided on the attached sheet under "Response Comments" (attach additional sheets to explain corrective action if necessary):

Inspector Certification - This grease interceptor has [ ] PASSED [ ] FAILED certification.

I \_\_\_\_\_ of \_\_\_\_\_
(print name of inspector) (print company name)

certify that the above listed facility has an approximate \_\_\_\_\_ gallon capacity interceptor. I have examined the interceptor and provided the above information.

(signature) (date) (phone number)

Facility Owner/Manager Certification

I \_\_\_\_\_ certify to the best of my knowledge the above
(print name)

statements to be true and correct. \_\_\_\_\_
(signature) (date)

SUBMIT ORIGINAL CERTIFICATION FORM TO:
City of Kingsport, FOG Control Program, 620 W. Industry Drive, Kingsport, TN 37660

