

**CITY OF TERRELL
SELF CLEANERS MAINTENANCE FORM**

DATE SERVICED: _____

CLEANED BY: _____

TYPE OF TRAP: _____ SAND _____ GRIT _____ GREASE _____ OTHER (DESCRIBE OTHER)

LOCATION: _____

CLEANING FREQUENCY: _____ DAILY _____ WEEKLY _____ MONTHLY

METHOD OF DISPOSAL:

_____ ABSORB LIQUIDS INTO SOLID FORM AND DISPOSED INTO TRASH

_____ GREASE TRAP WASTE PLACED INTO SEALABLE LEAK PROOF CONTAINER FOR
TRANSPORTER TO PUMPOUT

AMOUNT OF GREASE REMOVED: _____ GALLONS _____ POUNDS

WASTE OIL ADDED TO GREASE TRAP: _____ YES _____ AMOUNT ADDED _____ NO

OWNER/OPERATOR CERTIFIES BY SIGNATURE BELOW THAT AT EACH CLEANING ALL GREASE
WAS REMOVED, DISPOSED OF PROPERLY, GREASE TRAP WAS THOROUGHLY CLEANED, AND
THAT ALL PARTS WERE REPLACED AND IN OPERABLE CONDITION.

SIGNATURE OF APPLICANT: _____