



FOG CONTROL PROGRAM - DERM

EXISTING **GRAVITY** FOG CONTROL DEVICE

(FCD) CONDITION ASSESSMENT

DATE: ___/___/___

PUMP-OUT INFORMATION

The contents (Fats, Oils & Grease, Wastewater and Sludge) of the FOG Control Device(s) being assessed shall be completely pumped-out prior to performing visual inspection

Liquid Waste Transporter Company Name: _____

DERM LWT Permit No.: LW-_____

Pump-out Date: _____

Required Attachments

- 1) Pump-out receipt
- 2) Disposal Facility Ticket
- 3) FOG Waste Manifest
- 4) Photos of FCD Location
- 5) Photos of FCD inside walls
- 6) Photos of Inlet and Outlet Manholes

CONDITION ASSESSMENT CERTIFICATION

The Condition Assessment shall be certified by a Professional Engineer or Licensed Plumber

Company Name : _____

Email: _____

Company Address: _____

Professional Engineer Licensed Plumber

License No.: _____

Name: _____

Phone No.: _____

Signature: _____

Date: _____

By signing above, I certify that I performed the assessment and visually inspected the tanks listed below.

FOOD SERVICE ESTABLISHMENT / GDO PERMITTED FACILITY

Name: _____ GDO No.: _____

Address: _____

INSPECTION REPORT

Complete checklist below for each FOG Control Device (FCD). Attach additional sheets if > 5 Tanks

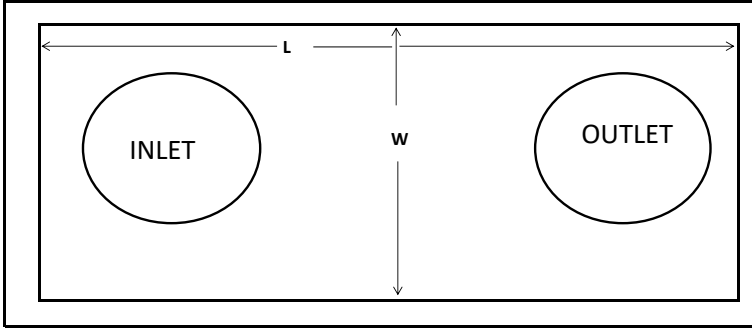
Item No.	Item	Tank 1	Tank 2	Tank 3	Tank 4	Tank 5
		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1	Tank breached or evidence of groundwater infiltration?					
2	Cracks on walls, top or bottom?					
3	Exposed rebar/wire mesh?					
4	Waffling on walls, top or bottom?					
5	Inlet and outlet chambers accessible (manholes provided)?					
6	Watertight manholes?					
7	Outlet (effluent) tee observed?					
8	Outlet (effluent) tee accessible through the outlet manhole?					
9	Outlet tee extends to within 8" of the bottom of the tank (h)?					
10	Indicate outlet tee's material: <input type="checkbox"/> PVC <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other _____					
11	Tank Material (Concrete, Fiberglass, Steel, Plastic)					

Any deficiencies identified above will be verified by the Department and may result in tank replacement.

Facility Owner Name: _____ Signature: _____

FOR DERM USE ONLY:

PLAN VIEW (N.T.S)



	TANK1 (inches)	TANK2 (inches)	TANK3 (inches)	TANK4 (inches)
L =				
W =				
H =				

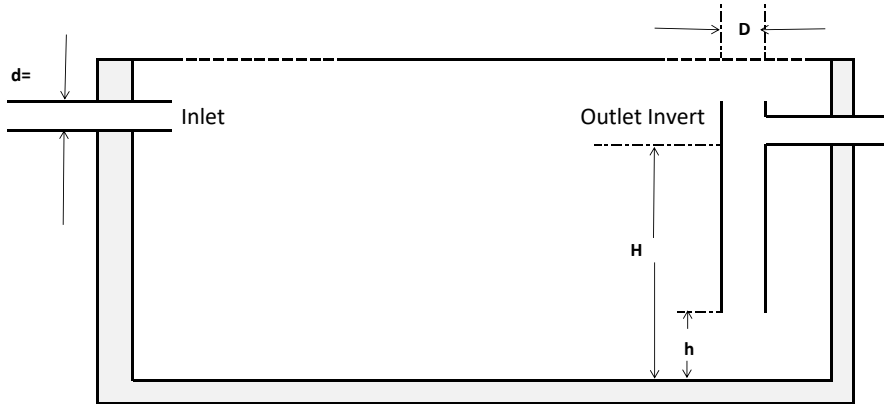
EFFECTIVE CAPACITY (gallons)

$(L \times W \times H) / 231 \text{ in}^3/\text{gal}$

TANK1	TANK2	TANK3	TANK4

TOTAL CAPACITY (gallons)

SECTION (N.T.S.)



	TANK1 (inches)	TANK2 (inches)	TANK3 (inches)	TANK4 (inches)
D =				
h =				
d =				

INCLUDE SITE SKETCH HERE (NTS)

Show building footprint, main streets, and location of the interceptor