



**GREASE TRAP *MONTHLY* REPORTING LOG**

City of Goshen Wastewater  
 1000 W. Wilden Ave, Goshen, IN 46528  
 foginspector@goshencity.com  
 Phone 574-534-4102, Fax 574-534-4350

**THIS FORM MUST BE POSTED IN KITCHEN**

<b>Facility Name:</b>	<b>Address:</b>
<b>Permit Number:</b>	<b>*Email:</b>

(\*Required)

<b>Date Cleaned</b>	<b>Name of Hauling Contractor (If you clean <u>trap</u> put <u>self</u>)</b>	<b>Amount of Solids or Grease Removed (lbs. or gal.)</b>	<b>If Mechanical Trap (Cycles per minute or hour)</b>	<b>Initials of Owner or Manager</b>	<b>No Cleaning Required This Month</b>

Post this log in a plastic sleeve on the wall in the kitchen in a safe area, protected from food, water and grease. **Please email/fax this form along with all required documents on or before the 28<sup>th</sup> of EACH MONTH.** until further notice to:

Goshen Wastewater Plant  
 1000 W. Wilden Ave  
 Goshen, IN 46528

Environmental Compliance Admin. phone: 574-534-5802, Email: **foginspector@goshencity.com**