

**INTEGRA WATER  
FOG MANAGEMENT PROGRAM  
FATS, OIL, and GREASE / SAND INTERCEPTOR USER COMPLIANCE REPORT**

**USER INFORMATION**

Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Contact Person/Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**TYPE OF FACILITY**

- |  |  |
|--|--|
| <input type="checkbox"/> General Restaurant          | <input type="checkbox"/> Meat Cutter             |
| <input type="checkbox"/> Fast Food Restaurant        | <input type="checkbox"/> Deli                    |
| <input type="checkbox"/> Commercial Food Preparation | <input type="checkbox"/> Institutional Facility  |
| <input type="checkbox"/> Caterer                     | <input type="checkbox"/> Multi-Family Apartments |
| <input type="checkbox"/> Bakery                      | <input type="checkbox"/> Other: _____            |

**TYPE OF GREASE MANAGEMENT DEVICE**

- |   |   |
|---|---|
| <input type="checkbox"/> Trap               | <input type="checkbox"/> Separator              |
| <input type="checkbox"/> Interceptor        | <input type="checkbox"/> Screens                |
| <input type="checkbox"/> Common Interceptor | <input type="checkbox"/> Combination of Devices |
|   | <input type="checkbox"/> None                   |

**HAULER/PUMPER INFORMATION**

List Company Name, Invoice Number, & Date of the last six times your grease management device was pumped out or cleaned and attach a copy of the original manifest(s).

Company Name	Invoice Number	Date

I certify that the above information is accurate and that the grease management device was pumped out and cleaned by the hauler of record on the date as stated.

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please remit form to: Integra Water. LLC**  
 PO Box 10127  
 Birmingham, AL 35202  
 or email to : [info@integrawater.com](mailto:info@integrawater.com)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_