



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Public Works

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Fax: 352-307-7708

Fat, Oils, & Grease (FOG) Waste Disposal Tracking Form

Waste Hauler Information:

Name: _____ Phone No: _____

Address: _____

Vehicle Tag No: _____ Tank Capacity: _____ Gallons

Customer Information:

Business/Company: _____ Phone No: _____

Address: _____

Type of Device at Location: _____

Interceptor, Trap, & OWS Condition:

Baffle Unobstructed & Intact: [] Yes [] Needs Repair _____

Cover Accessible, In Good Condition & Secure: [] Yes [] Needs Repair _____

Outlet & Inlet Pipes Intact: [] Yes [] Needs Repair _____

Walls & Bottom in Good Condition: [] Yes [] Needs Repair _____

Estimated Waste Thickness & Volume Removed from Interceptor, Trap, & OWS Device:

Oil/Grease: _____ Inches Bottom Solids: _____ Inches

Total Device Depth: _____ Inches Volume Pumped: _____ Gallons

Certification:

☐ I certify that by checking this box and signing below all information listed above is true and accurate. I further certify the device listed above was thoroughly pumped and cleaned and no removed waste was pumped back into the device or into the collection system. I understand that falsification of information may be a violation of the City's Code of Ordinances as outlined by the City's Code of Ordinances adopted by Resolution by the City of Belleview (owners of the waste water collection system) and I may be subject to enforcement action resulting in fines of violation in accordance with Section 86-225.

Customer Printed Name: _____ Date: _____

Customer Signature: _____

Driver Printed Name: _____ Date: _____

Driver Signature: _____

Discharge Approval:

On the dates and times stated below, the wastes listed on this tracking form were approved for discharge, and were disposed by the hauler at the following permitted disposal/treatment facilities

Facility Name & Address: _____

Waste Received on: _____ Time: _____ Inv #: _____

Operator Signature: _____ Printed Name: _____

Waste hauler, customer, waste disposal facility, and designated district authority must retain a copy of this tracking form in files for a minimum three year period.