

INSPECTION FORM

Owner: _____ **Contact Name:** _____ **Phone:** _____
Address: _____ **Fax:** _____
Location: _____ **Email:** _____
City Inspectors: _____
Date: _____ / _____ / 2012 **Time:** _____ **Other:** _____

GENERAL INFORMATION

- Grease Odor Sludge
 Lift Station Collection Line Grease Trap Other _____

Name of lift station/line to be treated: _____

Have you tried other products? Enzyme's Bacteria Emulsifiers Other _____

Currently Using: _____ **How well does it work?** _____

Quantity Used: _____ Day Week Month

Treatment Cost: _____ Week Month Year

Atmospheric Testing: Yes No **Readings:** _____

Flow: High Flow Low Flow

SSO's: Yes NO **How Often:** _____ Week Month Year **Amount of Fine:** _____

How often do you get complaints? _____ Week Month Year

How often do you get call outs? _____ Week Month Year

Thickness of Grease Cake: _____ **How long to fix:** _____ **Number of employees called out:** _____

Are there issues with the floats not working? Yes No **How Often:** _____ week Month

Do you have a vactor truck? Yes No

How long is the force main? _____ **Size:** _____ **Are there siphons on this force main?** Yes No

Are there any bellies in the line? Yes No **What is the size of the Lift Station?** _____

What feeds into this Lift Station? Residential Commercial Schools
 Hospitals Nursing Home Car Wash Other: _____

Are there issues with pumps needing to be fixed, pulled, repaired, or unclogged? Yes No **How often:** _____

How long does it take to remove? _____

Number of Employees: _____ **Other Issues/Costs:** _____

What needs to happen for you to consider a pilot successful? _____

Are there electricity/ water sources available at the pilot location/locations?

Electricity: Yes No **Water:** Yes No **Comments:** _____

Can you go to the Lift Station every 2-3 weeks with a water truck to agitate the grease cake? Yes No

Would you like to pull chemical or atmospheric tests in the Lift Station? Yes No

Would you like to pull chemical or atmospheric tests downstream from the Lift Station? Yes No

(B.O.D, T.S.S., O/G, F/m, C.O.D, or ammonia – or any other testing they deem important)

Comment's: _____