

CITY OF MILPITAS

455 E. Calaveras Blvd.
Milpitas, CA 95035
408-586-2600
www.milpitas.gov



GREASE REMOVAL DEVICE CERTIFICATION

I acknowledge the _____ (size) grease trap OR the _____ (size) grease interceptor being required for _____ (Business Name & Address) was sized based upon the plans and information I submitted to the City of Milpitas under Building Permit Number: _____. I certify that the Food Service Questionnaire submitted for the aforementioned food service establishment is accurate. I have read and understand the regulation ([Municipal Code Title VIII Chapter 2 Section 5.30- Maintenance and Operation of Grease Control Devices](#)) requiring the grease trap or grease interceptor to be maintained in efficient operating condition by periodic removal of accumulated grease. I have read and understand the regulation prohibiting the use of chemicals to clean out the grease trap or grease interceptor.

I agree to do the following to maintain the grease removal device.

- 1) Establish routine cleaning of a grease trap or interceptor per [Municipal Code Title VIII Chapter 2 Section 5.30- Maintenance and Operation of Grease Control Devices](#)
 - a. Grease traps must be cleaned monthly (30 days), or more frequently if needed to meet the discharge limit of 150 ppm of grease, oils and/or fats.
 - b. Grease interceptors must be pumped out every three months (90 days), or more frequently if needed to meet the discharge limit of 150 ppm of grease, oils and/or fats.
- 2) Size and location of grease removal device must be kept on site, along with cleaning schedule, and cleaning instructions.
- 3) A log of grease trap cleaning, and/or copies of grease interceptor pumping cleaning and maintenance, must be maintained on site for at least three (3) years and made available for inspection and/or copies furnished upon request.

I acknowledge additional equipment and maintenance steps may be required if there are any changes to the application and plan submittals and/or as-builts plans. I acknowledge that I will comply with the requirements of installing additional equipment and/or performing additional maintenance steps if the City determines these measures are required. I will inform the City of any change in management or ownership

Owner Signature: _____ Date: _____

Applicant Print Name: _____ Date: _____