Grease Waste Hauler Monthly FOG Report

Company Name: _____

Reporting Month/Year: _____

FSE Name (List each GCE separately)	FSE Location	Date Pumped	Amount Pumped (Gallons)	% FOG + Solids	Disposal Location	
					Omusse WWTP	Other

I certify that the information above is true and accurate. I am aware that falsification of this report may result in prosecution and civil actions.

Printed Name: _____

Signature: _____