



**ENVIRONMENTAL COMPLIANCE DIVISION  
GREASE MANAGEMENT PROGRAM  
Gray Water Return Authorization Form**

1. Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
2. Designated facility contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
  
3. Grease Hauler Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

I certify that I have read Section 27-334(d)(1) of the St. Petersburg City Code and understand that I shall utilize a grease hauler who has been permitted by the City for pumping services. Pumping services shall include the initial complete removal of all contents, including floating materials, wastewater and bottom sludges and solids from the interceptor. Additionally, I understand that the return of gray water back into the interceptor from which the wastes were removed is allowed, provided the grease and solids are not returned to the interceptor.

I further certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**A copy of this document must be retained on file and available for review.**