

TOWN OF LUNENBURG

10/1/25

FY26 APPLICATION FOR INTERNAL GREASE TRAP PERMIT

Date: _____

Please Specify Internal Traps located at your Food Service Establishment:

Internal Trap: Capacity(gal) _____ Manufacturer _____ Model No. _____

Internal Trap: Capacity(gal) _____ Manufacturer _____ Model No. _____

Internal Trap: Capacity(gal) _____ Manufacturer _____ Model No. _____

OFFICE USE ONLY

Compliance status

Fee

Munis ID

The undersigned _____ of _____
(printed name) Food Service Establishment Name

hereby applies for the Annual Grease Trap permit for connection to sewer at No: _____ Street _____

in the Town of Lunenburg. I understand that:

- I must comply with the Grease Trap Regulations to receive and retain the Annual Grease Trap/Interceptor Permit or will not be allowed to discharge to Town sewer.*
- I must inspect and measure the internal traps on a weekly basis at a minimum and submit logs monthly by the first Tuesday of the month to the Sewer Commission or its agent.*
- I must post all inspections/cleanings/maintenance on the logs provided and post next to each trap*
- The Sewer Commission or its agent may visit the premises without notice to verify compliance*
- My compliance status affects my annual permit fee*
- I must post a laminated sign near each trap as specified in the Mass State Plumbing code 248 CMR 10.09*
- I must remain compliant throughout the year or be subject to a non-compliance fee of \$50.00, and subsequent charges of \$25/day if I remain out of compliance, effective on the 1st day of non-compliance*

Signed: _____ Daytime phone #: _____

Authorized Applicant

Email Address: _____

Sewer Commission Representative Approval

Date Approved

**SCHEMATIC DRAWING OF INTERNAL TRAPS AND THEIR CONNECTION TO SINKS/DISHWASHER/FLOOR DRAINS AND THE SEWER MAIN
IS REQUIRED**