



Town of Lunenburg

SEWER COMMISSION

DPW Building

520 Chase Rd.

Lunenburg MA 01462

978-582-4160 ext. 8, FAX 978-582-4152
Office Hours: Mon -Fri. 7:00 am – 3:00 pm

INTERCEPTOR SERVICE REPORT

Food service establishment (FSE) Name _____

Location

Date of grease interceptor service _____ / _____ / _____ Time _____ AM _____ PM _____

Name of grease interceptor service company _____

Name of grease interceptor company agent performing service

Signature of grease interceptor company agent

Recommended service frequency- every _____ months

Type of service:

Pump out _____

Cleaning

Repair _____

Volume of grease interceptor _____ Tank Height: _____

Measurement of Grease & Sludge must be taken PRIOR to pumping:

No. of Inches of grease & solids removed _____ Percentage of volume _____ %

No of inches of sludge removed _____ Percentage of volume _____ %

Is the combined FOG and sediment equal to or greater than 25% of the capacity of the tank(operating depth)? Y/N _____ What is the percentage ? _____ %

Destination of removed wastes _____

Signature and date of FSE personnel confirming service completion

Date: _____ / _____ / _____

Additional information:

Please mail this completed form to the Sewer Commission (520 Chase Rd. Lunenburg) within 30 days of service, keeping a copy in your records. Form can be scanned and emailed to Andrew Valliere avalliere@lunenburgma.gov or faxed to 978-582-4152. The user shall maintain a written record of grease interceptor for 3 years. All such records must be available for inspection by the Town at all times.