



## 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](mailto: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.