

TOWN OF LUNENBURG

FY23 APPLICATION FOR INTERNAL GREASE TRAP PERMIT

OFFICE USE ONLY

Compliance status: _____

Fee: _____

Munis ID: _____

Date: _____

Please specify internal traps 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. _____

The undersigned _____ of _____
Printed Name

hereby applies for the annual grease trap permit for connection at: _____

in the Town of Lunenburg. I understand and agree that (please check each box):

- 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: _____
Authorized Applicant

Daytime phone #: _____

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