GREASE VESSEL MAINTENANCE LOG

City of Sanford
Attn: Kay Bunnell
Public Works Utilities
P. O. Box 3729
Sanford, N. C. 27331-3729
Phone: 919-777-1243
Fax: 919-776-0265

Contact Information:

Company Name**:** _____
Address: _____ Phone: _____
Contact Name: _____ Title: _____
Cleaning Company Name: _____
Type of Vessel: Trap _____ Interceptor _____
Maintenance Schedule: _____
Location: _____

Fill-in **IMMEDIATELY** after each servicing. In addition, send **monthly** a copy of maintenance log along with pumper/hauler report to the above address. **Remember** a copy of your maintenance log and reports are to be available at **all** times for inspection by utilities personnel.

		GREASE INTERCEPTOR(S)				GREASE TRAP(S)		SIGNATURES	
Service Date & Vessel #		Inlet Chamber Cleaned (Checkmark)		Outlet Chamber Cleaned		Inlet Chamber Cleaned	Outlet Chamber Cleaned	Manager	Contractor
Date	No. #								