Town of Stonington WPCA Exterior Grease Interceptor Cleaning Log

Facility Name: _____ **Address:** _____

Phone: **Email:** **Trap Size (Gallons):**

Cleaning Company Name: **Phone:** **Email:**

Date	Cleaner Name	Baffles Intact	Cover Intact	Unit Depths (Inches) Total	Grease	Solids	Volume Removed	Cleaner Signature	Device Comments (damaged/clogs/increase cleaning, etc)
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						
		□ Yes □ No	□ Yes □ No						

Maintain These Records Onsite for 5 Years

Revised 03/08/24