



CITY OF MARLBOROUGH
 DEPARTMENT OF PUBLIC WORKS
 135 NEIL STREET
 MARLBOROUGH, MA 01752

Fats, Oils & Grease (FOG) Waste Disposal Tracking Form
Separate Form Required for Each Trap Pumped at a Location

WASTE HAULER INFORMATION:

NAME: _____ PHONE NO: _____

ADDRESS: _____

VEHICLE: _____ DECAL NO: _____ TANK CAPACITY: _____

CUSTOMER INFORMATION:

BUSINESS/COMPANY: _____

PHYSICAL ADDRESS: _____

TELEPHONE NO: _____

TYPE OF DEVICE AT LOCATION: _____

INTERCEPTOR, TRAP & OWS CONDITION:

BAFFLE UNOBSTRUCTED & INTACT	YES _____	NEEDS REPAIR _____
COVER ACCESSIBLE, IN GOOD CONDITION & SECURE	YES _____	NEEDS REPAIR _____
OUTLET & INLET PIPES INTACT	YES _____	NEEDS REPAIR _____
WALLS & BOTTOM IN GOOD CONDITION	YES _____	NEEDS REPAIR _____

ESTIMATED WASTE THICKNESS & VOLUME REMOVED FROM INTERCEPTOR, TRAP & OWS DEVICE:

OIL/GREASE: _____ INCHES BOTTOM SOLIDS: _____ INCHES
 TOTAL DEVICE DEPTH: _____ INCHES VOLUME PUMPED: _____ GALLONS

I certify that by checking this box and signing below all information listed above is true and accurate. I further certify the device listed above was thoroughly pumped and cleaned and no removed waste was pumped back into the device or into the collection system. I understand that falsification of information may be a violation of the City of Marlborough's Sewer Regulations.

CERTIFICATION:

Customer Printed Name: _____ Date: _____

Customer Signature: _____

Driver Printed Name: _____ Date: _____

Driver Signature: _____

**WASTEHAULER, CUSTOMER, WASTE DISPOSAL FACILITY AND DESIGNATED DISTRICT AUTHORITY
 MUST RETAIN A COPY OF THIS TRACKING FORM IN FILES FOR A MINIMUM THREE YEAR PERIOD.**