

**WESTTOWN TOWNSHIP  
HARMFUL WASTE REPORTING  
GREASE, OIL, SAND, AND/OR HAIR TRAPS**

*Submit completed report by mail, email, or fax to:*

Westtown Township  
P.O. Box 79  
Westtown, PA 19395

Email: [smp@westtown.org](mailto:smp@westtown.org)  
Fax: 610.692.9651  
Phone: 610.692.1930

**Contact** Name (print) \_\_\_\_\_

**Information:** Organization \_\_\_\_\_

Phone (req.) \_\_\_\_\_ Email \_\_\_\_\_

**Establishment** Name (print) \_\_\_\_\_

**Information:** Address: \_\_\_\_\_

**Contractor** Name (print) \_\_\_\_\_

**Information:** Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The owners and/or operators of a motor vehicle service station, automobile sales agency which provides services to vehicles, eating or drinking establishment and other commercial establishments which are required to install a grease, oil or sand interceptor or reclaimer and/or a hair trap **MUST SUBMIT** written verification to the Township that the grease, oil or sand interceptor or reclaimer was properly cleaned and emptied by a sewage waste hauler licensed in the Commonwealth of Pennsylvania **at least once a month**.

**Date of Removal:** \_\_\_\_\_

GREASE TRAP \_\_\_ Number Size \_\_\_\_\_ gallons Amount removed \_\_\_\_\_ gallons

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TANK \_\_\_ Number Size \_\_\_\_\_ gallons Amount removed \_\_\_\_\_ gallons

**Disposal** \_\_\_\_\_

**Location:** \_\_\_\_\_

**PLEASE NOTE:** If the volume of grease in your trap(s) is such that the trap does not have to be emptied on a monthly basis, the form **MUST STILL BE SUBMITTED**. The grease trap(s) should be opened and inspected by a responsible party of your choice and this party must fill in the form showing the percentage of space remaining in the trap at the time of the monthly inspection.

\_\_\_\_\_  
Responsible party (print name and sign)

\_\_\_\_\_  
Date of Inspection