



Little Patuxent Water Reclamation Plant
8900 Greenwood Place
Savage, Maryland 20763
410-313-1227
410-313-1207 (FAX)

SEMI-ANNUAL MAINTENANCE REPORT

Name of Establishment: _____

Facility Address: _____

Contact Person: _____ **Title:** _____

Email Address: _____

Tel. No.: _____ **Fax No:** _____

Report Period (please circle one) from: 8/1 to: 1/31 *or* from: 2/1 to: 7/31

GREASE INTERCEPTOR MAINTENANCE LOG			
Date cleaned	Date cleaned	Date cleaned	Date cleaned

Name of Waste Hauler: _____ **Tel. No.** _____

Grease Barrel(s) Are Picked Up By	
Name of Rendering Company:	
Telephone No.:	

CERTIFICATION: To the best of my knowledge, I certify that the above information is true, complete and correct.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ **DATE:** _____

REPORTS ARE DUE BY: FEBRUARY 1ST AND AUGUST 1ST OF EACH YEAR.

SEND COMPLETED FORMS TO:
LITTLE PATUXENT WATER RECLAMATION PLANT
8900 Greenwood Place
Savage, Maryland 20763