

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

BI-YEARLY OPERATIONS AND MAINTENANCE REPORT

Fill in all information before sending this form in

Nan	ne of Establi	shment:				
		:				
Contact Person:				Title/Position:		
Tel.	No.:		Fax No.:			
Rep	orting Perio	d (please circle the corre	esponding time fr	<u>rame)</u>	From: 1/1 - 6/30 Or From: 7/1 - 12/31	
	PICKUP DATES: Used Oil, Used Antifreeze, Used Parts Cleaner, Etc.					
	Date:	What was picked up		Date:	What was picked up	
	Name of U	Used Oil Hauler:		- 1		
	Name of Used Antifreeze Hauler:					
ı						
	Oil/Water Separator at Facility Yes No Most Recent Pump Out Date:					
	Name of Oil Water Separator Hauler:					
		KS ON THE PROPERT D USED ANTIFREEZE	_			
CE	RTIFICATI	ON: To the best of my kno	wledge, I certify t	hat the above	information is true, complete and correct.	
PR	INT NAME:					
SIGNATURE:						
ттт	T.F/POSITI	ON·		DATE:		

Revised: 1/14/2015