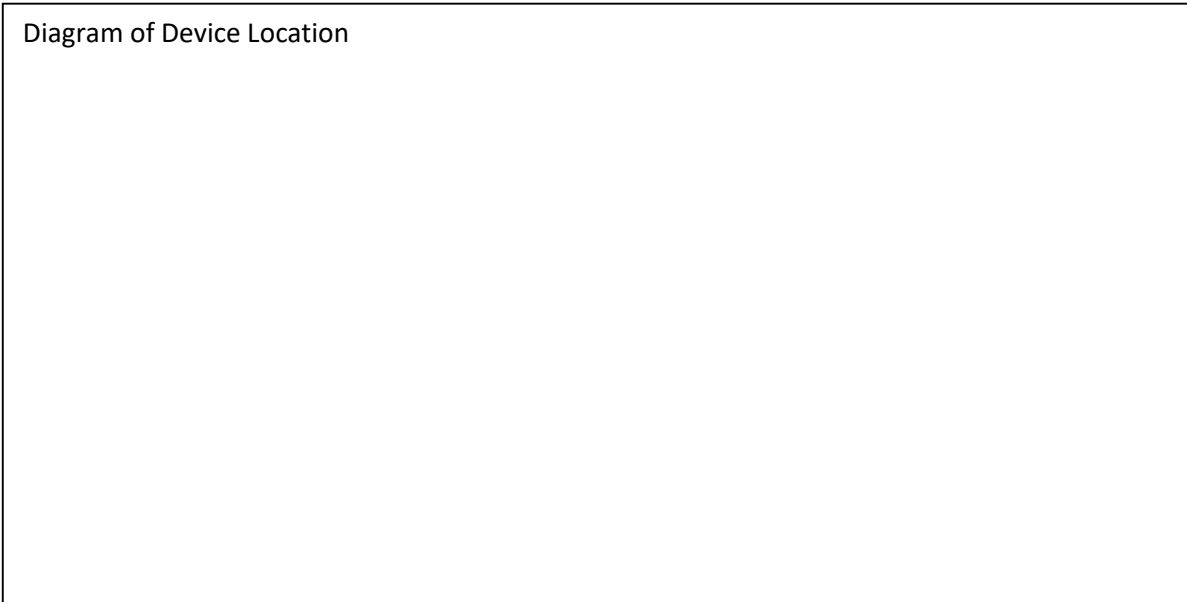


**East Pennsboro Township**  
**Grease Management Device Pumping Report**

1. Date of pumping \_\_\_\_\_
2. Facility Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
3. Address of Device (if different than #2) \_\_\_\_\_
4. Grease Management Device Type \_\_\_\_\_
5. Description of Grease Management Device Location \_\_\_\_\_  
\_\_\_\_\_
6. Date System was Installed (if known, approximate date) \_\_\_\_\_
7. Date of Last Pump Out (if known, approximate date) \_\_\_\_\_

Diagram of Device Location



8. Amount of Waste Removed from Device \_\_\_\_\_ gal
9. Recommendations \_\_\_\_\_  
\_\_\_\_\_
10. Disposal Site \_\_\_\_\_ DEP Permit # \_\_\_\_\_  
Signature of Pumper \_\_\_\_\_ Company \_\_\_\_\_

*Notice – Completion of this report is required by East Pennsboro Township for informational purposes only and shall not be deemed to any certifications of conditions for real estate purposes.*