

# GREASE BASIN INVENTORY REPORT

*Northfield Woods Sanitary District*

Reported By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Construction: \_\_\_\_\_

Dimensions (W,L,D): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Pipe Connections: \_\_\_\_\_

Depth Below Outlet Pipe invert: \_\_\_\_\_ Volume: \_\_\_\_\_

Outlet discharges to: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Site Diagram
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