Company Name Address   **Town of Norton**   **For the month of**
                                    Monthly Septage/Grease Report

Date	St.#	Street	Building #	Unit(s)#	Owner / Association Name	Type System	Gallons Pumped	Treatment Plant	Type Building	System Condition	Filter

*For type of Building Use C for commercial, R for residential, X for Condo, S for shared systems.

*Example of type system, cess, septic, tank, wash, grease or trap.

*List yes or no if the system has a filter.

Please fill out completely and mail to the Board of Health within the first week of the following Month.

Must be typed or legiable or this form will be returned.