

## Sewer Discharge Questionnaire

### Fats, Oil, and Grease (FOG) Program

Billing Information:

Site Information:

Name: (Company, Owner, Property Manager, etc)

Name: (Company, Owner, Property Manager, etc)

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone

Fax

Phone

Fax

In an effort to reduce and/or eliminate costly sanitary sewer overflows as well as potential dangers of flammable liquids in our sewer systems, Evansville Water & Sewer Utility is requesting that this form be completed and returned to us **within 10 days of receipt**. Fax or mail the completed form to the address above attention Kevin Kolb, or email it to [KjKolb@ewsu.com](mailto:KjKolb@ewsu.com). **Thank you for your cooperation.**

► Which best describes your facility:  Commercial  Commercial Multi-Tenant  Industrial  Governmental  Medical  
 Agricultural  Private Home  Townhome  Condominium  Apartment Other: \_\_\_\_\_

► What is your specific type of use? (car wash, restaurant, house, retail, office, etc) \_\_\_\_\_

► If non-residential, what are your hours of operation? \_\_\_\_\_

Check & circle all that apply to this site:

Complete to the best of your knowledge:

1)  **Grease Trap or Interceptor** (butcher shop, convenience store, banquet facility, restaurant, deli, grocery store, etc).....  Y  N

If yes to item 1:

a) What discharges into your grease trap?  Dishwasher  3 Compartment Sink  Floor Drains  Other \_\_\_\_\_

b) Is the grease trap located indoors or outdoors?  Indoors ---  on the floor ---  in the floor  Outdoors

c) Seating capacity  None Quantity: \_\_\_\_\_

d) Do you have a grease bin outdoors that you dump your solids into? .....  Y  N

2)  **Oil Separator and/or Triple Interceptor** (car washes, mechanic bays, parking garages, oil change facilities, etc.) .....  Y  N

3)  **Solids Catch Basin or Trap** (rock, sand, & debris traps generally found in older mechanic bays; plaster traps, etc.) .....  Y  N

If yes to item 2 or 3:

a) What is the drainable space that discharges into these drains? Square Feet: \_\_\_\_\_

Please complete the specific information below for each item listed above or add an un-listed item. Use additional sheets if necessary

Item	Approximate Size	Exact Location	Service / Cleaning Frequency
1			
2			
3			
other			

To the best of my knowledge, the information provided in this questionnaire is accurate and complete:

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_