



NON-DOMESTIC USER SURVEY – FOOD SERVICE ESTABLISHMENT

Business Name:	
Name & Title (Authorized Representative):	
Phone & Fax Numbers:	Email:
Facility Address:	Business Address (if different):
SIC/NAICS Code:	

1. How many employees do you have? \_\_\_\_\_

2. What are your hours of operation?

- Sunday \_\_\_\_\_  Monday \_\_\_\_\_  Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_  Friday \_\_\_\_\_
- Saturday \_\_\_\_\_

3. Do you discharge any waste other than sanitary sewage to the sanitary sewer?  Yes  No

4. What is the maximum occupancy of this establishment? \_\_\_\_\_

5. What type of grease recovery device is installed here?  Trap  Interceptor  None

6. Please indicate the size of your grease recovery device: \_\_\_\_\_

7. Please indicate the date of most recent maintenance to your grease recovery device, including inspection or cleaning: \_\_\_\_\_

Please sign and date on the next page of this survey and return to the GRSD Sewer Authority.

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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Printed Name (Authorized Representative)

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Title (Authorized Representative)

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Signature (Authorized Representative)

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Date