Sewer Discharge Questionnaire

Fats, Oil, and Grease (FOG) Program

Billing Information:

Name: (Company, Owner, Property Manager, etc)
Address
City, State, Zip Code
Phone    Fax

Site Information:

Name: (Company, Owner, Property Manager, etc)
Address
City, State, Zip Code
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. 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Approximate Size</th>
<th>Exact Location</th>
<th>Service / Cleaning Frequency</th>
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<td>other</td>
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To the best of my knowledge, the information provided in this questionnaire is accurate and complete:

__________________________    __________________________
Signature                  Print name

__________________________    __________________________
Date                      Phone Number

__________________________    __________________________
Email Address