



**Easton Area Joint Sewer Authority**  
**Restaurant/Food Handling Facility**  
**Operation and Discharge Survey**

**General Information:**

**Facility Name:** \_\_\_\_\_

**Facility Mailing Address:**

**Facility Street Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Municipality:** \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_

**Facility Contact and Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Food Service Establishment:**

\_\_\_\_\_ **Full-Service Restaurant**

\_\_\_\_\_ **Fast Food**

\_\_\_\_\_ **Cafeteria**

\_\_\_\_\_ **Diner**

\_\_\_\_\_ **Coffee Shop**

\_\_\_\_\_ **Other (please specify)** \_\_\_\_\_

**Approximately how many patrons served per day?** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Hours of Operations:** \_\_\_\_\_

**Operational Information:**

**Grease Interceptor/Trap:** (Please circle) **YES** or **NO**

(Please note if there is more than one device and provide additional information)

**Location(s):** \_\_\_\_\_

**Size:** \_\_\_\_\_



What fixtures are plumbed to the device? \_\_\_\_\_

How often is it checked/cleaned? \_\_\_\_\_

Date of last check: \_\_\_\_\_

Are written records kept? (Please circle) YES or NO

How is grease disposed of? \_\_\_\_\_

**Disposal/Hauler Information:**

Name: \_\_\_\_\_

Quantity/Month: \_\_\_\_\_

If an in-ground tank:

How often is it service? \_\_\_\_\_

By whom? \_\_\_\_\_

Are enzymes or bacteria used in the interceptor or lines? (Please circle) YES or NO

If YES, Type: \_\_\_\_\_

Dosage: \_\_\_\_\_

**Certification:**

The information contained in this report is familiar to me and to the best of my knowledge and belief; such information is true, complete, and accurately describes conditions at this facility. I am aware that there are significant penalties for submitting false information, including the possibility of fines and suspension or termination of sewer service to this facility.

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed surveys by mail to:

EAJSA IPP  
50-A South Delaware Drive  
Easton, PA 18042

Please return completed surveys by email to:

[fogprogram@ejjsa.com](mailto:fogprogram@ejjsa.com)