



COUNTY OF HANOVER
DEPARTMENT OF PUBLIC UTILITIES
P. O. Box 470
HANOVER, VIRGINIA 23069

Industrial and Strong Waste Survey Form
Food Service Additional Information

Facility Name: _____

Facility Contact Name: _____

Mailing Address: _____

Facility Address: _____

Contact Phone Number: _____

E-mail (optional): _____

DPU Account #: _____

Hours/Days of Operation: _____

Work Order #: _____

Date: _____

Survey conducted by: _____

Grease Trap/Interceptor Information:

Trap Number: 1 GIS ID# _____

Trap Number: 2 GIS ID# _____

Location: _____

Location: _____

Approximate Size/Volume: _____

Approximate Size/Volume: _____

Number of Chambers: _____

Number of Chambers: _____

Is the trap baffled?

Yes _____ No _____ Unsure _____

Is the trap baffled?

Yes _____ No _____ Unsure _____

Is the discharge point accessible?

Yes _____ No _____ Unsure _____

Is the discharge point accessible?

Yes _____ No _____ Unsure _____

What is plumbed to the trap?

What is plumbed to the trap?

Does the facility have in-sink grinders?

Yes _____ No _____ Unsure _____

Does the facility have in-sink grinders?

Yes _____ No _____ Unsure _____

Discharge Monitoring Point:

Location: _____ GIS ID# _____

Type (manhole, cleanout, grease trap, ...): _____

Sampling point depth (approximate): _____

Is the discharge isolated or in the vicinity of other discharges? Isolated Multiple

Types of wastes discharged: _____

Does the facility have any waste removal or recycling programs? Yes _____ No _____

If yes, explain: _____

Comments/Site Sketch: _____