



# INDUSTRIAL SURVEY QUESTIONNAIRE

## RESTAURANT/COMMERCIAL ESTABLISHMENTS

This questionnaire is to be filled out completely and signed by an **AUTHORIZED OFFICIAL** and/or **MANAGER** of your facility. Please fill out this form in its entirety; if a question does not apply, please write N/A (not applicable). Please type or print clearly.

1. Company Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
\_\_\_\_\_

Municipality: Please check one of the following:

_____ Boonton	_____ Mine Hill	_____ Rockaway Twp.
_____ Boonton Twp.	_____ Randolph	_____ Victory Gardens
_____ Denville	_____ Rockaway Boro	_____ Wharton
_____ Dover	_____	_____

2. Block & Lot No. (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(\*if different from mailing address) \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

3. Is your facility connected to:

\_\_\_\_\_ Public Sewers \_\_\_\_\_ Septic  
\_\_\_\_\_ Surface Discharge (NJDPES No.: \_\_\_\_\_ )  
\_\_\_\_\_ Other (describe): \_\_\_\_\_

4. Your facility produces wastewater from:

\_\_\_\_\_ Toilet(s) & Sink(s)  
\_\_\_\_\_ Process (Flow \_\_\_\_\_ gpd)  
\_\_\_\_\_ Other (describe: \_\_\_\_\_ flow: \_\_\_\_\_ gpd)

5. Please provide the following information (if applicable):

- Number of grease traps: \_\_\_\_\_
- Size of grease traps: \_\_\_\_\_
- Last time traps were cleaned: \_\_\_\_\_

**Facility must provide copies of the most recent manifest/receipts of grease trap cleaning (if cleaning done by outside contractor).**

6. Any additional information on the size and nature of your business/facility:

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

7. If your business/facility **DOES NOT** own the space in which you are occupying, please provide the following information:

- Name of owner: \_\_\_\_\_
- Phone No. of owner: \_\_\_\_\_
- Address of owner: \_\_\_\_\_
- Any additional information: \_\_\_\_\_

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

**Please be aware that the RVRSA reserves the right to follow-up on all information received in this survey by conducting an on-site inspection. Please be sure that all information sent to RVRSA is accurate and up to date; submitting false information can result in fines and/or imprisonment.**

*“I have personally examined and am familiar with the information submitted. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fines and/or imprisonment.”*

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you should have any questions pertaining to this questionnaire, please call Natalie Pisarcik, Industrial Pretreatment Coordinator at (973) 263 – 1555, ext. 213 or e-mail: [nataliep@rvrsa.org](mailto:nataliep@rvrsa.org)