# Food Service Wastewater Questionnaire

Name of Firm: ______________________ Facility Representative: ______________________
Address: ________________________ Title: ________________________________________
Phone No.: ______________________ Date: ______________________

## General Information:
1. Type of Facility: ____________________________________________________________
   ________________________________________________________________________
2. Principal Product or Service: __________________________________________________
   ________________________________________________________________________
3. Years In Operation (this location): ____________________________________________
5. Storm Drains on Property?                  (  )Yes  (  )No
6. Sanitary Sewer Floor Drains on Site (exclude bathrooms)? (  )Yes (  )No
7. Manufacturing Conducted on Site?      (  )Yes (  )No
8. Hazardous Chemicals Stored on Site?  (  )Yes (  )No

## Employee Information:
1. Average number of employees per shift: ____ 1st  ____ 2nd  ____ 3rd
2. Average hours per shift:  ____ 1st   ____ 2nd   ____ 3rd
3. Average work week: 1st shift; Mon Tue Wed Th Fri Sat Sun
   (Please circle days) 2nd shift; Mon Tue Wed Th Fri Sat Sun
   3rd shift; Mon Tue Wed Th Fri Sat Sun

## Chemical Inventory: (include additional sheets if necessary)
<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
<th>Disposal</th>
<th>Hazardous?</th>
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<td>(  )Yes (  )No</td>
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## Storm Water Discharge:
1. Does this facility have a Surface Water Discharge (SWD) permit that covers storm water discharges?  
   □ Yes □ No
   If yes, what is the permit number? ____________
2. Does this facility have a Storm Water Pollution Prevention Plan (SWPPP)? □ Yes □ No

## Daily Water Use:
Source of Water: _______________________ Acct. # _________________________________
Total Daily Water: __________________________
Estimated gallons of Domestic Water (drinking, restrooms, kitchen, etc.): ____________
Estimated gallons of Industrial or Commercial Process Water (cooling water, boiler feed, floor washing, etc): ____________
Describe Industrial or Commercial Process water usage: ________________________________
**Wastewater Production:**
Indicate below the operations at your facility which discharge wastes into the sanitary sewer.

- General Cleaning
- Laundry
- Car Washing
- High Pressure Cleaning
- Cleaning Solvents
- Caustic or Acid Tanks
- Steam Cleaning
- Machine Operations
- Dye/Leak Testing Tanks
- RO or Deionizing Systems
- Surface Prep for Painting
- Other

Estimate the average volume of discharge or water loss to the City sanitary sewer: _______ gpd

Estimate the average volume of discharge or water loss not to the City sanitary sewer:
- Natural Outlet: _________________ gpd
- Waste Hauler: __________________ gpd
- Evaporation: ___________________ gpd
- Irrigation: _____________________ gpd
- Other: _______________________ gpd

Describe any Industrial or Commercial Process wastewater generation at your facility:
____________________________________________________________________________________
____________________________________________________________________________________

How is fryer grease handled:
____________________________________________________________________________________
____________________________________________________________________________________

**Grease Traps (if applicable):**
Number of grease traps: __________
What is done with the waste removed from the grease traps? ________________________________

For each grease trap/interceptor at your facility, complete the chart. If more than 3 are present, attach the additional information on another sheet. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawings must indicate the dimensions in feet.

<table>
<thead>
<tr>
<th>Grease trap/Interceptor</th>
<th>Location at the Facility</th>
<th>Source of Wastewater ¹</th>
<th>Capacity (indicate pounds or gallons)</th>
<th>Pounds of grease removed off site per year</th>
<th>Maintenance Service frequency ²</th>
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¹ **Source of Wastewater**
In the space provided in the chart, fill in the letter corresponding to the applicable source.

- A. Food processing
- B. Equipment/Vessel wash down
- C. Floor wash down
- D. Rinses containing spent/discarded food products (describe)_________________________
- E. Spent cleaning/sanitizing solutions
- F. Fruits/Vegetables Grindings
- G. Laboratory Operations
- H. Other (describe)_________________________

² **Maintenance Service frequency**
In the space provided in the chart, fill in the number corresponding to the applicable maintenance service frequency for each grease trap/interceptor.

- 1. Daily
- 2. Weekly
- 3. Every month
- 4. Every three months
- 5. Every six months
- 6. Every twelve months
- 7. Other (describe)_________________________
Check below each type of waste that is hauled from your facility. (Include food processing/laboratory wastes that go to a holding tank for later disposal off site by a licensed hauler.)

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Estimated Gallons/Year</th>
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<tbody>
<tr>
<td>Spent grease wastes from grease trap/interceptor</td>
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<tr>
<td>Spent cooking grease from deep frying equipment</td>
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<tr>
<td>Pesticides</td>
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<td>Waste oil from machinery</td>
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<td>Thinner</td>
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<tr>
<td>Paint</td>
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</table>

Does a waste hauler pick up any chemicals or liquid wastes not from the list above?
- Yes. Indicate what is picked up. _____________________________________________
- No.

Type of Wastewater Discharged:
- _____ Domestic Wastewater Only (For example: restrooms only)
- _____ Combination of Domestic and Process Wastewater (Industrial or Commercial)

Signature of Facility Representative: __________________________ Date: _______________