

**FOOD SERVICE ESTABLISHMENT WASTEWATER SURVEY**

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does this business have a connection to the sewer system?  Yes  No

***If "YES", continue form. If "NO", Proceed to Section D, get authorized signature, and return survey to City Pretreatment Program)***

Name of contact: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)*

**Section A: Operation Description**

**1. Number of seats in the dining room:**

**2. Type of services:**  Take out/delivery  Dine-in only  Both

**3. Average Number of Employees:**

**4. Expected daily average number of meals:**

**5. Are Dishes Washed:**  Yes  No

**6. Days/Hours of Operation:**

**Section B: Facility Description**

**1. Type of food service facility: (check all that apply)**

- Bar (drinks only)  Cafeteria Catering  Coffee Shop  Commissary Deli  
 Espresso Stand  Fast Food  Food Packaging  Full Service Dine-in  Ice Cream Shop  
 Meat Processor  Prepared Food Assembly  Take Out  Other

**2. Location of food service facility: (check all that apply)**

- Club / Organization  Company / Office Building  Hospital Hotel / Motel  Mall / Food Court  
 Nursing Home  Prison  Religious Institution  School  Stadium / Amusement Park  
 Stand-alone Restaurant  Supermarket  Strip Mall (attached)  
 Other \_\_\_\_\_

**3. Major equipment used for food preparation at this facility: (check all that apply)**

- Char broiler  Deep Fat Fryer  Flat Top Range  Griddle  Grill  Oven  
 Oven  Rotisserie  Tilt Kettle  Warming Drawer  Wok  
 Other \_\_\_\_\_

**4. Fixtures in the bar, kitchen, cleanup, and food prep areas: (check all that apply)**

- 3-Compartment Sink  Dishwasher  Disposer  Floor Drain  Hand Sink  
 Mop Sink  Other \_\_\_\_\_

### Section C: Waste Management

#### Trash / Solid Waste Disposal:

1. Type of collection receptacle(s):  Cans  Dumpster  Compactor  Other

2. Location(s) of collection receptacle(s):

#### 3. Cooking Oil Disposal

Type	Buckets/Drums	Dumpster	Collection System	None
Frequency of Pick up				
Location				

#### Wastewater Grease Control

7. Does your company have a grease trap(s) or interceptor(s)?  Yes  No

8. Location of grease trap(s)/interceptor(s):  Inside  Outside

9. Size (capacity) of grease trap(s)/interceptor(s): \_\_\_\_\_

10. How often do you clean the grease control device?

- Daily  Weekly  Bi-weekly  Monthly  Bi-monthly  Quarterly  
 Bi-annually  Annually  As needed  Other:

11. Grease trap service contractor (business name):	Address	Phone number

12. Briefly describe storage areas for chemicals and liquid materials such as boiler treatment, cooking oil, gasoline, oil, paint, sanitizers, as well as any spill protection devices in use at the facility.

### Section D: Certification

Authorized signature: sign and date and return to below address.

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on 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 understand the responsibility to immediately contact The City of Post Falls Pretreatment Program if any significant changes in any processes are anticipated and that failure to immediately contact The City of Post Falls Pretreatment Program could result in fines and/or imprisonment. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.*

\_\_\_\_\_  
Printed name of Authorized Representative\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title\*

\_\_\_\_\_  
Telephone Number

\*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

**Disclosure:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return survey to: City of Post Falls Pretreatment Program – Water Reclamation Facility

408 N. Spokane St. \* Post Falls, ID 83854 \* (208) 773-1438 \* [pretreatment@postfalls.gov](mailto:pretreatment@postfalls.gov)