



Mobile Food Vendor Wastewater Survey



Company Name: _____ Telephone Number: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Vehicle make and model _____ License plate # _____ State _____

Operation Description

Days/Hours of Operation: _____
Average Number of Employees: _____
Expected daily average number of meals: _____
Do you wash dishes and utensils on site: Yes No

Facility Description

Type of mobile food service facility: (check all that apply)

- Bakery Catering Deli Espresso
 Fast Food Food Packaging BBQ Ice Cream
 Meat Processor Prepared Food Assembly Other

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 _____

Fixtures in vehicle kitchen, cleanup, and food prep areas: (check all that apply)

- 3-Compartment Sink Dishwasher Disposer Drains Hand Sink
 Mop Sink Other _____

Waste Management

Trash / Solid Waste Disposal:

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

Location(s) of collection receptacle(s): _____

Cooking Oil Disposal

Type	Buckets/Drums	Dumpster	Collection System
Frequency of Pick up			
Location			

Wastewater Grease Control

Does your vehicle have a grease trap(s) or interceptor(s)? Yes No

Size (capacity) of grease trap(s)/interceptor(s): _____

How often do you clean the grease control device?

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

Wastewater disposal

Approved facility name: _____ Address: _____
Dumping Frequency: _____ Average gallons: _____

Certification Statement

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater discharge shall 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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit. This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. 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 possibility of fine and/or imprisonment.

Signature of Official

Date

Print Name

Official Title

Please Return to:

Post Falls Water Reclamation Facility
Attn: Pretreatment Program
408 N. Spokane St
Post Falls, ID 83854
(208) 773-1438
pretreatment@postfalls.gov