

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): _____
4. Satellite Operations (in City Limits): _____
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
9. Standard Industrial Classification Code (SIC): _____

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)

<u>Material</u>	<u>Quantity</u>	<u>Disposal</u>	<u>Hazardous?</u>
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No

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 | Cleaning Solvents | Dye/Leak Testing Tanks |
| Laundry | Caustic or Acid Tanks | RO or Deionizing Systems |
| Car Washing | Steam Cleaning | Surface Prep for Painting |
| High Pressure Cleaning | Machine Operations | 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 | Other: _____gpd |
| Irrigation: _____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.

	Location at the Facility	Source of Wastewater ¹	Capacity (indicate pounds or gallons)	Pounds of grease removed off site per year	Maintenance Service frequency ²
Grease trap/ Interceptor					
Grease trap/ Interceptor					
Grease trap/ Interceptor					

1 Source of

Wastewater In the space provided in the chart, fill in the letter corresponding to the applicable source.

- | | |
|---|--|
| A. Food processing | E. Spent cleaning/sanitizing solutions |
| B. Equipment/Vessel wash down | F. Fruits/Vegetables Grindings |
| C. Floor wash down | G. Laboratory Operations |
| D. Rinses containing spent/discarded food products (describe) _____ | 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 | 5. Every six months |
| 2. Weekly | 6. Every twelve months |
| 3. Every month | 7. Other (describe) _____ |
| 4. Every three months | |

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.)

	Waste Type	Estimated Gallons/Year
	Spent grease wastes from grease trap/interceptor	
	Spent cooking grease from deep frying equipment	
	Pesticides	
	Waste oil from machinery	
	Thinner	
	Paint	

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: _____

Mail Survey to 1017 E Chambers St., SF, SD 57104. Any questions please call 367-8280.

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SIU DETERMINATION:

Does IU generate more than 25,000 gpd of process wastewater? ()Yes ()No

Does IU's process wastestream make up 5 percent of POTW dry weather flow? ()Yes ()No

Does EPA classify the IU as a categorical industrial user? ()Yes ()No

Does the IU have a reasonable potential for adversely affecting the POTW? ()Yes ()No

IU has violated pretreatment standards or requirements? ()Yes ()No

Is this company currently classified as an SIU? ()Yes ()No

Comments:

Determination by: _____ Date: _____