



440 East Eighth Street  
 Marietta, OH 45750  
 Telephone: (740) 373-3858  
 Fax: (740) 373-8214

# FOOD SERVICE FACILITY SERVICE WASTE QUESTIONNAIRE

(ONE QUESTIONNAIRE REQUIRED PER FACILITY)

## GENERAL INSTRUCTIONS

Please type or print in ink when filling out questionnaire. All questions are to be completed in Section A through E. Where a question does not apply, a "Not-applicable (N/A)" response should be entered.

### SECTION A. GENERAL INFORMATION

1. Company Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Facility Name/ Physical Address: \_\_\_\_\_
4. Facility Telephone: \_\_\_\_\_
5. Email: \_\_\_\_\_

### SECTION B. FOOD SERVICE INFORMATION

1. Type of food prepared at this site: Fried / Baked / Grilled / Other  
 \_\_\_\_\_
2. Fixture unit counts: \_\_\_\_\_ (Fixture units = plumbing fixtures that drain through the grease trap which includes sinks, coolers, dishwashers, garbage disposers, and floor drains)
3. Kitchen equipment types: Fryers / wok stoves / broilers / ovens  
 Other: \_\_\_\_\_
4. Seating Capacity: \_\_\_\_\_ [If seating capacity is unknown calculate the dining area (Area = Length X Width)]
5. Turnover Rate: \_\_\_\_\_ (meals served per seat/per hour generally assumed to be about 2, this number can be adjusted up for heavy use restaurants)
6. Estimated number of meals served per day: \_\_\_\_\_
7. Basic food served: \_\_\_\_\_

### SECTION C. WATER USE INFORMATION

1. List grease trap or interceptor water uses: (plumbed to the trap/interceptor example -sinks, floor drains, coolers, dishwasher, etc.) \_\_\_\_\_
2. a.) Are other sources of water used: (well, spring, river, etc.)? Yes / No  
 b.) If Yes, list sources and usage: \_\_\_\_\_

**SECTION D. SEWER CONNECTION AND DISCHARGE INFORMATION**

1. a.) Is facility connected to the sewer system? Yes / No

b.) If (a) is marked no, describe method of wastewater disposal:

\_\_\_\_\_

c.) Is there a garbage disposal? Yes / No

d.) Is there a dishwasher to be used? Yes / No

e.) If yes, is the dishwasher connected to the grease interceptor? Yes / No

f.) If yes, does the discharge side of the dishwasher have a particulate trap installed prior to interceptor discharge?  
Yes / No

g.) Is the wastewater pretreated before discharging to the sewer? Yes / No

2. a.) Is there a grease trap or interceptor in use? Yes / No

b.) If yes, type of grease trap or interceptor? Under-the-sink / sand trap / outside grease trap

c.) Is there a sampling site available as per City requirements? Yes / No

d.) Person(s) or company that cleans the trap or interceptor? \_\_\_\_\_

**SECTION E. VERIFICATION**

Provide name of person who completed this questionnaire.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Provide name and number of **contact person** to be listed on the Wastewater Discharge Permit.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**The information contained in this questionnaire is familiar to me and to the best of my knowledge and belief; such information is true, complete and accurate.**

**Signature of Owner/Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A plan of the property showing accurately all sewers and drains now exiting is attached hereunto as "Exhibit A" Plans and specifications covering any work proposed to be performed under this permit is attached hereunto as "Exhibit B"

PERMIT WILL BE GRANTED BASED ON INFORMATION OBTAINED THROUGH SITE REVIEW AND/OR SITE INSPECTION AND THIS SERVICE WASTE QUESTIONNAIRE AS DETERMINED BY THE CITY.

PLEASE RETURN THIS QUESTIONNAIRE FORM TO:

**City of Marietta Wastewater Treatment Plant**

**ATTN: Craig Johnson**

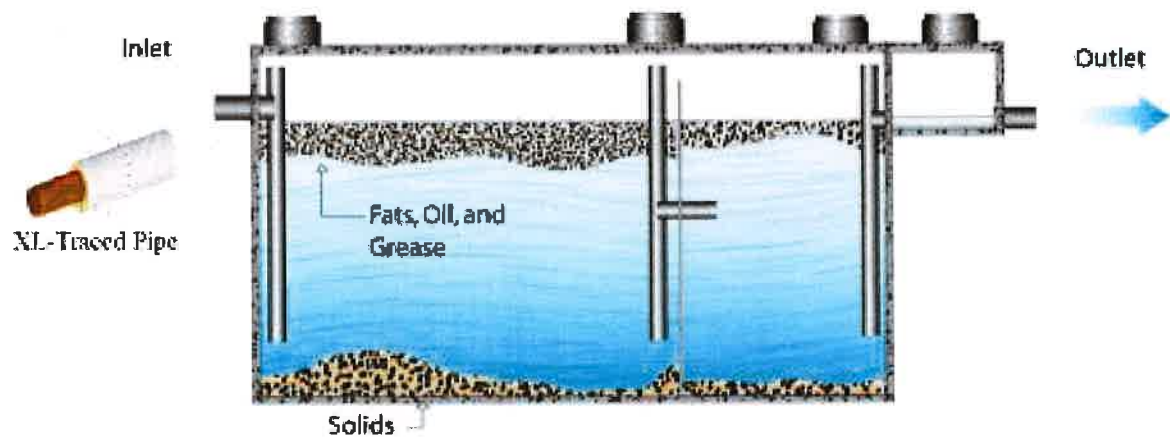
**PRETREATMENT COORDINATOR**

440 East Eighth St.

Marietta, OH 45750

marietapretreatment@mariettaoh.net

### In Ground Interceptor Example



### Under Sink Interceptor Example

