



FOOD FACILITY WASTEWATER DISCHARGE SURVEY/APPLICATION 2


 Wastewater-Industrial Waste
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FOOD FACILITY SURVEY FOR THE FOLLOWING CATEGORIES:

Restaurants, Grocery Stores, Mini-Marts, Coffee Shops, Churches, Meat-Cutting Facilities, Senior Living Facilities, Assisted Care Centers, and any other Food Preparation Facilities

Type or print clearly. Attach additional sheets if necessary.

Plan Check # _____

Facility Name:	Telephone:
Address:	City, State, Zip:
Cell: Fax:	Email:
Responsible Party Name:	Telephone:
Address:	City, State, Zip:
Cell: Fax:	Email:

City Water Utility Account Number: _____

Total Number of Employees (all shifts and management): _____

Days and Hours of Operation: _____

Maximum Seating Capacity: _____

Estimated Number of Meals Served: Breakfast _____ Lunch _____ Dinner _____

Percent of Meals that are Carry Out: _____ Percent Single Service Utensils: _____

A. KITCHEN EQUIPMENT (Include product specification sheets if possible.)

1. **Dishwasher:** How many? _____ Make: _____ Model: _____

Number of racks/hour: _____ Gallons per rack (gallons/cycle): _____

2. **Sinks/Drains** **How many?** **Size (length, width, depth)** **Drain Pipe Size (in.)**

Dish wash sink (3-comp.) _____ _____ _____

Prep sink (1-compartment) _____ _____ _____

Pre-wash/Spray Sink _____ _____ _____

Kitchen Hand Wash _____ _____ _____

Bar Sink _____ _____ _____

Mop Sink _____ _____ _____

Floor Sink _____ _____ _____

Floor Drain _____ _____ _____

Other _____ _____ _____ _____

3. **Floor Mats** Are floor mats used in food preparation areas? Y Yes N No

Location where floor mats are washed: _____

NOTE: Washing any equipment, including floor mats, to an outdoor parking lot storm drain is prohibited. Storm drains flow to creeks, streams, or to the river with no treatment.

4. **Garbage Grinder** How many? _____ Make: _____ Model: _____

NOTE: The installation of garbage grinders is strongly discouraged and will increase the size of the oil and grease interceptor required.

- | | | | |
|-------------------------|-----------------|-------------|--------------|
| 4. Ice Machine(s) | How many? _____ | Make: _____ | Model: _____ |
| 5. Deep Fryer(s) | How many? _____ | Make: _____ | Model: _____ |
| 6. Hot Grill(s) | How many? _____ | Make: _____ | Model: _____ |
| 7. Broiler(s) | How many? _____ | Make: _____ | Model: _____ |
| 8. Rotisserie(s) | How many? _____ | Make: _____ | Model: _____ |
| 9. Microwave(s) | How many? _____ | Make: _____ | Model: _____ |
| 10. Oven(s) | How many? _____ | Make: _____ | Model: _____ |
| 11. Wok(s) | How many? _____ | Make: _____ | Model: _____ |
| 12. Hood(s) | How many? _____ | Make: _____ | Model: _____ |
| 13. Smoker(s) | How many? _____ | Make: _____ | Model: _____ |
| 14. Barbeque(s) | How many? _____ | Make: _____ | Model: _____ |
| 15. Espresso Machine(s) | How many? _____ | Make: _____ | Model: _____ |
| 16. Other: _____ | How many? _____ | Make: _____ | Model: _____ |

B. OIL AND GREASE DISPOSAL

- Fryer Grease Disposal Container(s) How many? _____ Size: _____
Service Company: _____
- Oil and Grease Interceptor or Grease Trap Size (gal): _____
Pumping Company: _____
Pumping Schedule: _____ Date Last Pumped: _____

C. MENU

- Attach a complete menu or list of proposed foods.
- List foods prepared on site and method of preparation (i.e., baked, fried, broiled, etc.)

- Are meats, seafood, poultry, or processed meats used? Yes ___ No ___
If yes, indicate whether they are delivered pre-cooked or prepared and cooked on site:

- Are milk, cream, salad dressing, soups, or sauces are routinely disposed in a sink? Yes ___ No ___
If yes, indicate the quantity disposed per day (quarts, gallons, etc.) and frequency of disposal (hourly, per shift, daily).

D. MEAT CUTTING

- Pounds of meat cut per day: _____
- Methods of cleaning and disposal of meat cutting wastes:

- Meat cutting waste disposal service/company: _____

E. KITCHEN LAYOUT: Include a drawing showing the location of all kitchen equipment, floor sinks, and floor drains. Hand drawings or copies of plumbing/equipment plans are acceptable.

Facility Owner Name (print): _____

Facility Owner Signature: _____ Date: _____

Menu Attached? Yes ___ No ___ Kitchen Layout drawing attached? Yes ___ No ___