FOOD SERVICE FACILITY WASTEWATER DISCHARGE QUESTIONNAIRE

INSTRUCTIONS

Food service related facilities discharging to the City of Santa Cruz Wastewater Treatment Facility are required to complete a wastewater discharge questionnaire. Please use current operating data, if available, or best estimates based on similar operations. Information submitted will be used to assess the size trap or interceptor to be installed and a confirmation letter will be sent shortly thereafter. Please read the Grease Trap/Interceptor Program Information document and complete all necessary forms before mailing to:

City of Santa Cruz Wastewater Treatment Facility
110 California Street
Santa Cruz, CA 95060
Attn: Environmental Compliance Manager

GENERAL INFORMATION

Business Name: _____

Street Address: _____

Mailing Address: _____

Owner/Manager: _____ Phone #: _____ Fax: _____

Trap or Interceptor Size: _____ Cleaning Frequency: _____

Type of facility (e.g. fast food, caterer, cafeteria): _____

Average number of employees: _____ Days/hrs of operation: _____

Busiest hours of day: _____ Maximum number of meals served per hour: _____

Peak discharge rate to sanitary sewer: _____gal/hr. Seating Capacity: _____

Full list of menu items (attach list if needed): _____

EQUIPMENT INFORMATION

The following is a list of equipment associated with wastewater generating activities. Please check all that apply:

- ☐ washable dishes
- ☐ dish sink (s) how many? _____
- ☐ pot sink (s) how many? _____
- ☐ mop sink (s) how many? _____
- ☐ floor sink (s) how many? _____
- ☐ vegetable sink (s) how many? _____
- ☐ bar/cocktail sink (s) how many? _____
- ☐ garbage grinder (prohibited by local code)
- ☐ disposable dishes
- ☐ dishwasher
- ☐ soup vat (s) how many? _____
- ☐ grill hood cleaning
- ☐ wok range cleaning
- ☐ refuse container cleaning
- ☐ restroom cleaning
- ☐ other _____

Temperature range of dishwasher water: _____ Flow rate of dishwasher: _____

GREASE REMOVAL DEVICE (for existing systems)

Size and type of unit (description): _____

Location: _____ Frequency of servicing: _____

INFORMATION IS BASED ON: (check boxes that apply)

- ☐ current operating data
- ☐ best estimate (source): _____

Certification Statement:
I certify that the information contained in this application is true and correct to the best of my knowledge. I have read the Grease trap/Interceptor Document, Food Service Facility Best Management Practices and information on additives. I agree to install, maintain and routinely clean the appropriate system in accordance with local regulations. I also understand that a cleaning log or servicing records must be kept for a twelve-month period and made available for inspection and/or copies furnished upon request by the City of Santa Cruz representative

_____ _____
Signature * **Date**

_____ _____
Printed Name **Title**

***Questionnaire must be signed by the owner or by an official designee of the business.**