



City of Marietta

Wastewater Department

440 E. 8th St. Marietta, Ohio 45750

Phone: (740) 373-3858 Fax: (740) 373-8214

RESTAURANT 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/Address: _____
- 4. Facility Telephone #: _____

SECTION B. RESTAURANT 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 Water uses: _____
- 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 no, are there plans to connect to the system? Yes / No

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

d.) 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.) 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 of person to contact on information contained in this questionnaire.

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 existing 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: CHRISTY KING
CHEMIST/ PRETREATMENT COORDINATOR
440 East Eighth St.
Marietta, OH 45750