



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