### Section A: Operation Description

1. Number of seats in the dining room: ____________
2. Type of service:  
   - [ ] Take out/delivery  
   - [ ] Dine-in only  
   - [ ] Both
3. Average Number of Employees ____________  
4. Expected daily average number of meals: ____________  
5. Do you wash Plates?  
   - [ ] Yes  
   - [ ] No  
6. Days/Hours of Operation: ___________________________________________________________________

### Section B: Facility Description

1. Type of food service facility: (check all that apply)
   - [ ] Bakery  
   - [ ] Bar (drinks only)  
   - [ ] Cafeteria  
   - [ ] Catering  
   - [ ] Coffee Shop  
   - [ ] Commissary  
   - [ ] Deli  
   - [ ] Espresso Stand  
   - [ ] Fast Food  
   - [ ] Food Packager  
   - [ ] Full Service Dine-in  
   - [ ] Ice Cream Shop  
   - [ ] Meat Processor  
   - [ ] Prepared Food Assembly  
   - [ ] Take Out  
   - [ ] Other ___________________________________________________________________
2. Location of food service facility: (check all that apply)
   - [ ] Club / Organization  
   - [ ] Company / Office Building  
   - [ ] Hospital  
   - [ ] Hotel / Motel  
   - [ ] Mall / Food Court  
   - [ ] Nursing Home  
   - [ ] Prison  
   - [ ] Religious Institution  
   - [ ] School  
   - [ ] Stadium / Amusement Park  
   - [ ] Stand-alone Restaurant  
   - [ ] Supermarket  
   - [ ] Strip Mall (attached)  
   - [ ] Other ___________________________________________________________________
3. Major equipment used for food preparation at this facility: (check all that apply)
   - [ ] Charbroiler  
   - [ ] Deep Fat Fryer  
   - [ ] Flat Top Range  
   - [ ] Griddle  
   - [ ] Grill  
   - [ ] Oven  
   - [ ] Rotisserie  
   - [ ] Tilt Kettle  
   - [ ] Warming Drawer  
   - [ ] Wok  
   - [ ] Other ___________________________________________________________________
4. Fixtures in the bar, kitchen, cleanup, and food prep areas: (check all that apply)
   - [ ] 3-Compartment Sink  
   - [ ] Dishwasher  
   - [ ] Disposer  
   - [ ] Floor Drain  
   - [ ] Hand Sink  
   - [ ] Mop Sink  
   - [ ] Other ___________________________________________________________________

### Section C: Waste Management

**Trash / Solid Waste Disposal**

1. Type of collection receptacle(s):  
   - [ ] Cans  
   - [ ] Dumpster  
   - [ ] Compactor  
   - [ ] Other ____________
2. Location(s) of collection receptacle(s): ___________________________________________________________________
3. Cooking Oil Disposal

<table>
<thead>
<tr>
<th>Type</th>
<th>Buckets/Drums</th>
<th>Dumpster</th>
<th>Collection System</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Pick-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wastewater Grease Control
7. Does your company have a grease trap(s) or interceptor(s)?   ☐ Yes   ☐ No

8. Location of grease trap(s)/interceptor(s):   ☐ Inside   ☐ Outside

9. Size (capacity) of grease trap(s)/interceptor(s):   _________________

10. How often do you clean the grease control device?   ☐ Daily   ☐ Weekly   ☐ Biweekly   ☐ Monthly   ☐ Bimonthly   ☐ Quarterly   ☐ Semiannually   ☐ Annually   ☐ As Needed   ☐ Other__________________________

11. Grease trap service contractor (business name):   ____________________________________________________________

12. Briefly describe storage areas for chemicals and liquid materials such as boiler treatment, cooking oil, gasoline, oil, paint, sanitizers, as well as any spill protection devices in use at the facility.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Section D: Certification

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

________________________________  ____________________________  __________
Printed name of Authorized Representative*  Signature  Date

________________________________  ____________________________
Job Title*  Telephone Number

*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

Disclosure: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

________________________________

________________________________

________________________________

For further information, please contact the Riverside Park Water Reclamation Facility at (509) 625-4639.

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939
FAX:625-4605