



Fats, Oil and Grease Discharge Survey

**City of Sequim
Department of Public Works**

Return completed form to:

City of Sequim
Attn: Wastewater Source Control Program
Department of Public Works
152 W Cedar Street
Sequim, WA 98382

City of Sequim
Department of Public Works
Fats, Oil, and Grease Discharge Survey

Instructions: Please fill-out the following form. Some questions may not apply to your facility, or you may not have the information available to answer all of the questions. Just answer to the best of your ability.

If you have any questions, you can contact Tyrone Brown, Wastewater Source Control Coordinator at (360) 683-4908.

Please print

1. Does your facility own or rent one or more buildings that prepares or processes food, and generates a wastewater discharge to the City of Sequim's Sewer Department?

Yes No Don't Know

(If, Yes, Number of Buildings _____)

2. Please choose the one description that best describes the facility for which this survey is being completed:

<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Drive through (only) Restaurant	<input type="checkbox"/> School /College/University
<input type="checkbox"/> Seasonal Restaurant	<input type="checkbox"/> Church /Club/Organization
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Company/Office Building
<input type="checkbox"/> Bakery	<input type="checkbox"/> Other (please describe below)
<input type="checkbox"/> Supermarket	_____

3. Please check the item below that applies to your facility.

<input type="checkbox"/> Existing Sewer Discharge	<input type="checkbox"/> Proposed (new) Sewer Discharge
<input type="checkbox"/> Existing Septic Discharge	<input type="checkbox"/> Proposed (new) Septic Discharge

Company/Facility Name: _____

4. Facility Address: _____
- _____

Mailing Address: _____

6. On-site facility manager/director: _____

On-site kitchen/deli manager: _____

On-site maintenance director: _____

7. Business Phone Number: _____

Alternate Phone Number: _____

Fax Number: _____

Email Address: _____

8. Does this company own or rent the building? _____ Own _____ Rent

9. Property Owner's Name: _____

10. Property Owner's Address: _____

11. Designate Company Organization:

_____ Sole Proprietorship _____ Corporation _____ Partnership

12. City of Sequim business license number: _____

13. Indicate the seating capacity at your place of business:

14. Please check off each day that you are open for business:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Saturday _____ Sunday

15. Please check off the following meals that are served at your facility:

Breakfast Lunch Dinner
 Snack/Coffee Food Prep. Only

16. Does this facility have a grease trap or grease interceptor?

Don't know No Yes How many? _____

17. Please check each of the items below that are present in your kitchen facilities:

A. Fryolators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
B. Grills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
C. Ovens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
D. Tilt kettles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
E. Garbage grinder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
F. Three bay pot sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
G. Two bay sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
H. Single bay sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
I. Prerinse sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
J. Dishwasher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many
K. Mop sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how many

18. If your kitchen facility has grills and/or ovens which type of exhaust cleaning system do you use to clean the filters?

Automatic cleaning system Manual cleaning system

19. If you manually clean your exhaust hood filters, where are they cleaned?

Offsite (contractor)

Onsite (i.e. 2 bay sink, 3 bay sink, dishwasher, floor drain, outside parking lot drain, other)

Please identify cleaning location if onsite: _____

20. Estimated water usage per year

Gallons of water used during the past calendar year (100 cubic feet = 748 gallons)

_____ gallons. (Refer to water bill for this information.)

21. # of meals served per peak hour _____

22. Typical time of peak hour _____

If you answered yes to question 16, please complete questions 23 through 28.

23. Please complete the following for **each** grease trap / interceptor in place:

First: Manufacturer: _____ Size / Gallons: _____
_____ Indoor _____ Outdoor

Location: _____
(I.e.: Under three-bay sink, in basement, outside by back door, etc.)

Date last Serviced: _____

Which choice below best describes how this device is maintained?
Please choose one:

_____ Daily _____ Monthly _____ Quarterly
_____ Weekly _____ Bi-weekly _____ Every six months
_____ Yearly _____ Other, Specify: _____

Second: Manufacturer: _____ Size / Gallons: _____
_____ Indoor _____ Outdoor

Location: _____
(i.e.: Under three bay sink, in basement, outside by back door, etc.)

Date last Cleaned: _____

Which choice below, best describes how this device is maintained?
Please choose one:

_____ Daily _____ Monthly _____ Quarterly
_____ Weekly _____ Bi-weekly _____ Every six months
_____ Yearly _____ Other, Specify: _____

Third: Manufacturer: _____ Size / Gallons: _____
_____ Indoor _____ Outdoor

Location: _____
(i.e.: Under three bay sink, in basement, outside by back door, etc.)

Date last Cleaned: _____

Which choice below, best describes how this device is maintained?
Please choose one:

_____ Daily _____ Monthly _____ Quarterly
_____ Weekly _____ Bi-weekly _____ Every six months
_____ Yearly _____ Other, Specify: _____

If your facility has more than two grease traps/interceptors, please attach the information for each grease trap/interceptor at the end of this survey.

24. If the **indoor** grease trap(s) is being maintained, how do you dispose of the waste after cleaning the trap?

_____ Trash
_____ Mix with other used grease stored on premise (i.e. fryolator grease, etc.)
_____ Contractor/Pumper disposes of grease
_____ Put down the drain

25. If a Contractor cleans the indoor grease trap, please list the following:

Company name _____

Business phone number _____

26. If used fats, oils and grease are stored on the premise from fryolators or other devices, where is the used grease stored?

_____ Inside building _____ Outside building

27. If an **outdoor** in-ground grease interceptor(s) is utilized, list the name and telephone number of the company who pumps out the interceptor.

Company name _____

Business phone number _____

Indicate grease interceptor pumping /cleaning frequency _____

28. Do you use any additives in your grease traps, floor drains, sewer lines, etc. to help clean them?

_____ Yes

_____ No

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application.

_____ Enzymes

_____ Bacteria

_____ Chemicals

_____ Other

Designation of Authorized Agent (required)

I, _____ certify that I am the _____ of
(Name of Authorized Rep.*) (Title)

(Business name)

_____ Date: _____
(Signature)

*An Authorized Representative is a president, secretary, treasurer, or vice-president of a corporation; a general manager or proprietor of a partnership or sole proprietorship; or a person designated in writing by a person described above provided that the written designation has been submitted to the Director of Water.

Attach a copy of the last grease trap/interceptor service invoice and the MSDS sheet(s) as described in question 28.