



City of Sanford
 Utility Department - Plants
 P.O. Box 1788 Sanford, FL
 32772-1788



Pretreatment Section
 Oil and Grease Management Program
 “Food-Related Establishments” Registration and Certification

In order to estimate the future level of effort required to administer and improve the Wastewater Pretreatment Program, the City of Sanford is requesting that all non-residential establishments complete this questionnaire. The program sets forth uniform requirements for users of the sanitary sewer system of the City of Sanford and enables the City to comply with all applicable State and Federal Pretreatment Regulations. The operational cost of the City’s Pretreatment Section for activities required under this program will be supplemented by the customer. The fees will be used to cover all costs associated with the program.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge on characteristics of the waste water discharged to the City sewer system. The nonrefundable Application Evaluation/Processing fee is **\$50.00**.

If the applicant qualifies for a “Wastewater Discharge Permit” an additional **\$200.00** nonrefundable fee will be required. Thereafter, the biannual (every two years) permit renewal fee will be **\$150.00**. A fee of **\$50.00** will be required for the annual inspection which is performed the year between permit renewal. Any required sampling that occurs at this location will also incur additional fees. All fees can be paid at the Utility Customer Service counter located at 300 N Park Ave Sanford, FL 32771.

Should you need any assistance completing this survey, please contact the Oil and Grease Program office at (407) 688-5000 ext. 5512. Fax the completed application to 407-688-5096 or return via mail to City of Sanford, O&G Program, P.O. Box 1788 Sanford, FL 32772.

Sincerely,
 Environmental Coordinator
 City of Sanford

TO BE SIGNED AFTER FILLING THE QUESTIONNAIRE BY THE FACILITY AUTHORIZED REPRESENTATIVE

I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all 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.

_____ Title _____ DATE _____
 Signature of Authorized Representative

INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION



City of Sanford Utility Department
Oil & Grease Program
P. O. Box 1788
Sanford, FL 32772-1788

Phone: (407) 688-5000 ext 5512

Fax: (407) 688-5096

FOOD SERVICES WASTEWATER DISCHARGE APPLICATION

Business Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____ Utility Account #: _____

Contact Person: _____ Title or Position: _____

Phone Number: _____ Fax Number: _____

FACILITY TYPE

Fast Food: Yes No Restaurant: Yes No

Food Processing: Yes No Other: (specify) _____

BUILDING INFORMATION

Free Standing? Yes No Expansion? Yes No

New Construction? Yes No Building Remodel? Yes No

Own or Lease? Own Lease

If leasing: name, mailing address, and phone number of individual or company the building is leased from.

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

HOURS OF OPERATION

Weekdays: _____ Drive thru _____ Delivery _____

Weekends: _____ Drive thru _____ Delivery _____

Average daily water consumption in gallons per day: _____

Time and duration of discharges: _____

SEATING CAPACITY

Number of Chairs: _____ Number of Stools: _____

Number of Booths: _____ Number of Seats per Booth: _____

Total # of Seats: _____

Average number of meals served per day:

Breakfast: _____ Lunch: _____ Dinner: _____

Type of dishes / Utensils used:

Washable: Yes No Disposable: Yes No

TYPE OF CUISINE: (Attach a copy of the menu) _____

MEALS INFORMATION

Type of products cooked, heated or fried:

Meat Poultry Vegetables Seafood

Method of cooking/heating: _____

Method of frying: _____

KITCHEN EQUIPMENT: Please indicate the number, size, and/or capacity of each appliance in your kitchen.

<u>COOKER</u>		<u># OF UNITS</u>	<u>SIZE AND/OR CAPACITY</u>
Fryer	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Charbroiler	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Grill	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Stove	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Oven	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Oven broiler	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Wok Stove	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Other _____			

<u>SINKS</u>	(including the bar area)		
3- Compartment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
2- Compartment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
1- Compartment	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Hand	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Vegetable	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Mop	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

OTHER EQUIPMENT

Garbage disposal Yes D No D _____

Walk-in cooler Yes D No D _____

Walk-in freezer Yes D No D _____

Dishwasher Yes D No D _____

Floor Drains Yes D No D How many floor drains? _____

Other _____

GREASE HANDLING PROCEDURES

		<u>NUMBER OF UNITS</u>	<u>SIZE AND/OR CAPACITY</u>
Grease recycling tanks	Yes D No D	_____	_____
Grease interceptor	Yes D No D	_____	_____
Grease trap	Yes D No D	_____	_____
Garbage dumpster	Yes D No D	_____	_____
Other		_____	_____

RECYCLING

Do you recycle grease? Yes D No D

Is a container for recycling on-site? Yes D No D How many containers? _____

If yes, what company recycles your grease? _____

Have pollution prevention measures been implemented? Yes D No D

If yes, explain briefly the measures to be taken and the employee-training schedule.

(Attach additional sheets if necessary)
