



FOOD SERVICE INDUSTRIAL WASTE SURVEY AND DISCHARGE PERMIT APPLICATION

CITY OF PASO ROBLES, WASTEWATER DIVISION, 1000 SPRING STREET, PASO ROBLES, CA 93446 (805) 227 7239

Industrial Wastewater Discharge Survey & Permit Application

1. FILING STATUS (Check One)

- New or Unpermitted Construction
- Existing or Remodeled Facility
- New Ownership, Previous Company _____
- If other, please explain _____

2. COMPANY INFORMATION

A. City of Paso Robles Business License No. _____

B. Legal Business Name _____

Ownership Type: Corporation Partnership LLC Sole Proprietor _____
(Owner Name)

C. Doing Business As (dba) _____

D. Business Officers Names and Titles

Proprietors/Partner/Corporate Officers	Title or Position
_____	_____
_____	_____

E. Facility Location:

Address: _____
(Street) (City) (State) (Zip Code)

Phone _____ Fax _____

Facility Contact Person _____ Phone _____

Title _____

F. Mailing Address

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

G. Billing Address

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

Company Name: _____

H. Landlord/ Property Owner/ Management Company

Property Manager/Owner Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

3. FOOD SERVICE ESTABLISHMENT DESCRIPTION

A. Describe type of business and food served (i.e. fast food, Chinese, Mexican, Family Style, etc.):

(A proposed menu must be provided with the application.)

B. Date operation began/or will begin? (mm/dd/yyyy) _____

C. Number of employees Full time _____ Part time _____

D. Hours of operation _____ am/pm to _____ am/pm Days per week: S M T W Th F S (circle)

E. Is food prepared on site? Yes No

If yes, complete 1-3

1. Seating capacity: _____ Total number of meals served per day: _____

2. Percentage of meals served with washable tableware: _____ %

3. Percentage of meals served with **disposable** tableware: _____ %

4. EQUIPMENT

A. Number of dishwashers: _____

B. Number of scullery sinks: _____

C. Number of garbage disposals: _____

D. Number of deep fryers: _____ Interior tank dimensions: Length _____ Width _____ Depth _____

E. Number of hot grills: _____ Give surface area dimensions: Length _____ Width _____

Broilers: Yes No

Rotisseries: Yes No

5. GREASE DISPOSAL EQUIPMENT

A grease interceptor is a device that is placed in the ground outside of the building. A grease interceptor has two chambers, and typically has a 750 gallon capacity or larger. The device separates and collects oils, grease and solids from the kitchen wastewater and discharges the clarified water to the City's sewer system. A grease trap is a device that is installed in the facility's kitchen for the purpose of holding waste grease in the wastewater.

Company Name: _____

- A. Grease interceptor: Yes No If yes, what size: _____ Location: _____
Grease trap: Yes No If yes, what size: _____ Location: _____

B. Interceptor Service Information

Provide name and address of pumping service:

C. How often is grease interceptor pumped or grease trap cleaned:

- Daily Monthly Quarterly Semi-annually Annually

D. A grease/oil rendering service is a service provided by a company to pick up and recycle fats, oils and greases that are usually stored in a rendering barrel provided by the rendering company.

Provide name and address of grease/oil rendering service:

If you have any questions about this survey, please contact the Industrial Waste Inspector at 227-1654

AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

NAME – AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE