City of Visalia
Public Works
Wastewater Treatment Plant
7579 Ave 288, Visalia, CA 93277
Tel: (559) 713-4465 Fax: (559) 713-4501

FOOD SERVICE ESTABLISHMENT WASTEWATER SURVEY

- This survey must be filled out completely. **Please write N/A (not applicable) if the requested information does not apply.**
- The survey must be signed by an official company representative, who is authorized to sign such documents.
- If assistance in completing this questionnaire is needed, please contact:

Pretreatment Program Coordinator
Email: Pretreatment@visalia.city
Phone: (559) 713-4529

- Please return survey via email to Pretreatment@visalia.city, and hand deliver or mail original to:

City of Visalia, WWTP
Attention: Pretreatment Coordinator
7579 Ave 288
Visalia, CA 93277

Contact Information:

A. Applicant Name: _____
B. Doing Business As: _____
C. City of Visalia Business License Number: _____
D. Owner Name(s): _____
E. Business Address: _____
F. Business Phone Number: _____
G. Mailing Address: _____
H. Alternate Phone Number: _____
I. Email Address: _____
J. Website: _____
K. Designated Representative and Signatory at the facility that has been authorized and can sign for all correspondence and reports. All correspondence from the City will be sent to this person.

Name/Title: _____

Address: _____

Phone Number: _____

L. Facility Contact During Inspections

Name/Title: _____

Phone number: _____ Email: _____

Facility Information:

M. Please check all descriptions that apply to your facility.

Type of Food Service Establishment	Location
( ) Fast Food Restaurant	( ) Stand-Alone Restaurant
( ) Full Service Restaurant	( ) Strip Mall
( ) Doughnut Shop	( ) Mall/Food Court
( ) Coffee Shop	( ) School
( ) Supermarket/Grocery Store	( ) Religious Institution
( ) Convenience Store/Mini Mart	( ) Amusement Park
( ) Ice Cream/Smoothie Shop	( ) Hospital
( ) Deli/Sandwich shop	( ) Nursing home
( ) Meat Processor	( ) Hotel
( ) Bakery	( ) Supermarket
( ) Cafeteria	( ) Office Building
( ) Other:_____	( ) Other:_____

N. Please check all the equipment currently in your facility

Food Processing Equipment		Kitchen Equipment	
	QTY		QTY
( ) Deep Fryer		( ) Dishwasher	
( ) Char broiler		( ) Pre-rinse sink	
( ) Griddle		( ) Mop	
( ) Grill		( ) Floor drains	
( ) Oven		( ) Garbage disposal	
( ) Rotisserie		( ) Other _____	
( ) Stove			
( ) Other			

O. Number of employees/shift:_____ Number of shifts/day: _____

P. Outdoor seating capacity:_____ Indoor seating capacity: _____

Q. Please provide the following information for hours of operation.

Day	Hours of Operation	24 Hours	Approximate Number of Meals Served Daily
Monday		(□) Yes (□) No	
Tuesday		(□) Yes (□) No	
Wednesday		(□) Yes (□) No	
Thursday		(□) Yes (□) No	
Friday		(□) Yes (□) No	
Saturday		(□) Yes (□) No	
Sunday		(□) Yes (□) No	

R. Grease Removal Device Information

(□) Indoor Trap	(□) Outdoor Interceptor	(□) No grease removal device

S. What is the capacity of the grease interceptor/grease trap? _____

T. How frequently is the interceptor/grease trap cleaned? _____

U. Date of last cleaning? _____

V. Company or firm who performs grease interceptor maintenance and pumping:

Name: _____

Address: _____

Telephone Number: _____Email Address: _____

W. Do you have a waste oil container for recycling used cooking oil? ( ) Yes ( ) No

X. If yes, what is the frequency that it is pumped? _____

Y. If yes, name of company or firm that pumps and disposes of your used cooking oil:

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Z. Certification

By signing below, I certify that I have examined and am familiar with the information submitted in the attached document and under penalty of law; the submitted information is true, accurate, and complete. I am aware there are penalties for submitting false information, including the possibility of fine.

_____	_____
Name (Please Print)	Title
_____	_____
Signature	Date

City Use Only	
Survey Received Date	Received by