



WASTE SURVEY - PERMIT APPLICATION – FOOD SERVICE ESTABLISHMENTS

This form is used to determine types and sources of wastewater that your business could be discharging to the Hendersonville Wastewater Treatment Facilities. **Failure to submit this form is in violation of the City's Sewer Use Ordinance and Chapter 52 of the Code of Ordinances.** Copies of the Sewer Use Ordinance are available upon request during regular business hours Monday through Friday at the City Operations Center located at 305 Williams Street. If you have any questions or concerns while completing this form, please contact William (Bill) J. Ashbrook at (828) 697-3057 or bashbrook@cityofhendersonville.org.

SECTION I

Food Service Establishment Information *(Please Print)*

Establishment Name: _____

Establishment Location Address: _____ Phone: _____

Establishment Mailing Address: _____ Fax: _____

_____ Zip: _____

Owner Name: _____ Phone: _____

Contact Person(s) or Manager(s) Responsible for Day-to-Day Operation and Management of Business (if different from Owner).

Contact or Manager (1) _____ Phone: _____
Name(s)

(2) _____ Phone: _____

District Headquarters - Corporate Information

Name of Business: _____ Contact: _____

Address: _____ Zip: _____

Telephone(s): _____ Fax: _____



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This Food Service Establishment is: *(Please check)*

An Existing Food Establishment; since (year) _____

New Construction

Renovation or change of ownership of existing Food Establishment

Renovation of Non-Food Establishment building

If Renovation of Non-Food Service Establishment building, list former use of building if known: _____

SECTION II

1. How many employees does your food establishment employ? _____

2. What meals do you or will you serve? *(Please check all that apply)*

Breakfast

Lunch

Dinner

3. What are your operating hours? _____

4. How do you classify your business? *(Please check all that apply)*

Fast Food

Fine Dining

Bar & Grill

Cafeteria

Bakery

Delicatessen

Caterer

Coffeehouse

Food Processor

Meat Processor

Restaurant

Cafe'

Institution

Food Court

Diner

Carryout

Supermarket

Other: _____

5. Which of the following menu items does your establishment serve?
(Please circle all that apply)

Burgers

Fried Potatoes

Mexican Cuisine

Fried Chicken

Oriental Cuisine

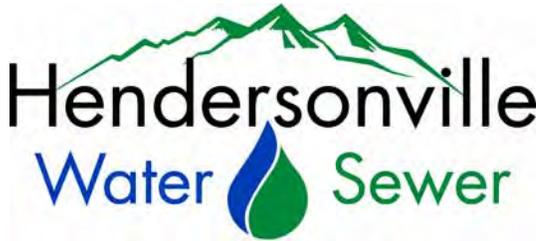
Fried Fish

Grilled/Baked Foods

Barbeque

Sandwiches/Subs

Pastries



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Other Fried Foods: _____

6. Are menu items pre-cooked or baked off-site? *(Please check one)*

All Some None

Examples: _____

7. Is disposable flatware utilized in your establishment? *(Please check one)*

Yes No Not Applicable

SECTION III

Does your establishment have any of the following? *(Please check one)*

1. Used Fryer Oil/Grease Recycling Bins: 0 1 2 3 4

a. Who picks it up? _____

b. How often is it picked up? _____

2. Number of Grease Traps Installed: 0 1 2 3

a. Trap capacity _____gallons _____gallons _____gallons

b. How often is trap(s) cleaned out? *(Please check)*

Twice-a-week Weekly Every 2 weeks

Monthly Every 2 Months Quarterly

Every 4 Months Biannually Annually

3. Who cleans it out? _____ Kitchen Staff

4. What date was it last cleaned? _____ *(Example 3/4/02)*



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5. Where is grease trap located? *(If you are facing the front of the store)*

- | | | |
|--------------------|--------------------|-------------------|
| Back Parking Area | Front Parking Area | Left Parking Area |
| Right Parking Area | Back Sidewalk | Front Sidewalk |
| Left Sidewalk | Right Sidewalk | Drive-in Area |
| Inside Under Sink | Inside in Floor | |

SECTION IV

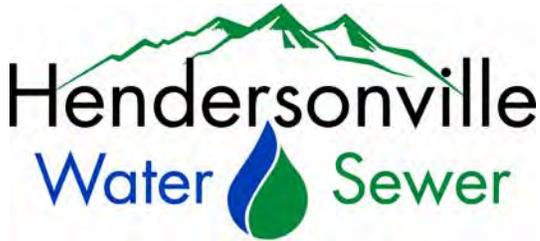
Please check number of fixtures:

- | | | | | |
|--|-------------------------------|---|---|---|
| 1. Automatic Dishwasher | 0 | 1 | 2 | 3 |
| 2. Garbage Disposal | 0 | 1 | 2 | 3 |
| 3. 3-Compartment Sink | 0 | 1 | 2 | 3 |
| 4. 2-Compartment Sink | 0 | 1 | 2 | 3 |
| 5. Single Compartment Sink | 0 | 1 | 2 | 3 |
| 6. Pot Wash Sink | 0 | 1 | 2 | 3 |
| 7. Mop Wash Sink | 0 | 1 | 2 | 3 |
| 8. Food Prep Sink | 0 | 1 | 2 | 3 |
| 9. Number of Floor Drains in Food Preparation Area | _____ <i>(Please fill-in)</i> | | | |

SECTION V

Please check amount of equipment:

- | | | | | | | | |
|-------------|---|---|---|---|---|---|---|
| Griddles | 0 | 1 | 2 | 3 | 4 | 5 | |
| Grills | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Fryers | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Wok Stoves | 0 | 1 | 2 | 3 | 4 | 5 | |
| Soup Kettle | 0 | 1 | 2 | 3 | 4 | 5 | |



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Authorized Representative is defined as a person responsible for the principal business decisions or other policy decisions for the facility.

This is to be signed by an Authorized Representative of your firm, as defined in the City of Hendersonville Sewer Use Ordinance after completion of this form.

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 imprisonment for knowing violations.

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Title: _____

Return this form **within 30 days** to:

Environmental Services Coordinator
Hendersonville Water and Sewer
305 Williams Street
Hendersonville, NC 28792

FAILURE TO RETURN THIS FORM MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE CITY OF HENDERSONVILLE SEWER USE ORDINANCE!