

**WEST WARWICK REGIONAL PRETREATMENT PROGRAM
FOOD SERVICE
WASTEWATER DISCHARGE PERMIT APPLICATION**

SECTION A: FOOD SERVICE- GENERAL INFORMATION

Business Information (Local)

Company Name: _____

Address: _____

Phone Number: _____ E-mail address _____

FAX Number: _____

Name of Company Representative: _____

Representative's Title: _____

Representative's Signature: _____

Date of Application Submittal: _____

Corporate Office Information

Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____ E-mail address _____

Billing Information

Billing Address: _____

Contact Person: _____

Phone Number: _____

Property Owner Information

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number: _____ E-mail address _____

Signature of Property Owner: _____

Print Property Owners Name _____

Date: _____

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SECTION B: GREASE REMOVAL SYSTEM

	Number of Units	Size of Unit(s) in lbs.
<input type="checkbox"/> Internal Grease Trap	_____	_____
<input type="checkbox"/> Grease Recovery device	_____	Manufacture/ model
<input type="checkbox"/> Inground Grease Interceptor	_____	Size of Unit(s) Gallons

Will any products be added to the grease removal system to aid in grease breakdown?

Yes No

If yes, please supply the names of the manufacturer and the product in the spaces provided below.
Also, please attach a copy of the product MSDS to this questionnaire.

Manufacturer Name: _____

Product Name: _____

How frequently is it anticipated that the grease removal system will be pumped and/or cleaned?

_____ GRDs daily inground 90 days

Pumping and/or cleaning of the grease removal system will be performed by:

In-house personnel Outside contractor

If an outside firm will be used, please supply the specified information in the spaces provided below.

Contractor Name: _____

Address and Phone Number: _____

SECTION C: KITCHEN DESIGN

Indicate the number of the following items may be found at your business location:

<input type="checkbox"/> 3-bay sink	<input type="checkbox"/> dishwasher	<input type="checkbox"/> floor drains
<input type="checkbox"/> garbage disposal units	<input type="checkbox"/> pre-rinse station	<input type="checkbox"/> fryer
<input type="checkbox"/> mop sink	<input type="checkbox"/> vegetable wash sinks	<input type="checkbox"/> Wok station
<input type="checkbox"/> soup sink	<input type="checkbox"/> hand sinks	<input type="checkbox"/>

Other: _____

Please provide with this application submittal, copies of the facility floor plan, plumbing plan and site plan. Where plans are unavailable for submission, drawings depicting the facility layout and kitchen flow(s) as well as a site drawing indicating the location of the grease interceptor (where applicable) may be acceptable

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SECTION D: BUSINESS SCHEDULE AND BUSINESS HOURS

Please indicate below which days of the week your company will be open for business. Also indicate which types of meals will be served (i.e., breakfast, lunch, dinner):

OPEN DAYS OF WEEK	MEALS SERVED		
MONDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
TUESDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
WEDNESDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
THURSDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
FRIDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
SATURDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
SUNDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>

Approximately what percentage of your weekly sales accounts for take-out only? _____ %

Please indicate below the hours that your company will be open for business:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN	OPEN	OPEN	OPEN	OPEN	OPEN	OPEN
CLOSE	CLOSE	CLOSE	CLOSE	CLOSE	CLOSE	CLOSE

SECTION E: SEATING CAPACITY

Number of dining room seats: Number of outside seats:

Number of lounge/ bar seats: Total number of seats:

Are patrons allowed to eat in the bar and lounge areas? YES NO

If yes, are the menus the same as in the dining room? YES NO

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SECTION F: MENU

If available, please attach a copy of your company's menu to this application form.

SECTION G: FOOD PREPARATION

Please choose the response(s) which most closely describes your business

<input type="checkbox"/> All foods are prepared in-house.	<input type="checkbox"/> All dishes, pot and pan are washed on site
<input type="checkbox"/> Most foods are prepared in-house	<input type="checkbox"/> Only Pots, Pans and cooking utensiles are washed on site
<input type="checkbox"/> All foods are prepared off-site.	<input type="checkbox"/> No dishes are washed on site

SECTION H: FLOW

Estimated total number of gallons of water to be purchased annually (sanitary and process flows).

gallons

Estimate the **average daily** process water use.

gallons

SECTION I: APPLICATION CERTIFICATION

" 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 on 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 informtion, including the possibility of fine and imprisonment for knowing violation."

PRINTED NAME OF SIGNING OFFICIAL

TITLE

SIGNATURE OF SIGNING OFFICIAL

DATE

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SECTION J: APPLICATION FEE

Application forms must be returned to the West Warwick Sewer Commission within thirty (30) days together with a fee of **\$400.00** unless the User has applied in writing to the West Warwick Sewer Commission for a hearing to show cause as to why the User should not be categorized as a non-domestic User or should otherwise be exempt from the application and associated fees. Please make check payable to:

**West Warwick Sewer Commission
1 Pontiac Avenue. West Warwick RI 02893**

SECTION K: QUESTIONS/COMMENTS

Should you have questions or comments concerning the application forms, please direct your questions/comments to:

**Mr. Robert Rose, Pretreatment Coordinator
Phone: (401) 454-7000 * FAX: (401) 454-7415 * e-mail: robert@geremiaengineering.com**