

CITY OF HENDERSONVILLE

"The City of Four Seasons"

WASTE SURVEY - PERMIT APPLICATION – FOOD SERVICE ESTABLISHMENTS

This form is to determine types and sources of wastewater that your business could be discharging to the City of Hendersonville's 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 for the City of Hendersonville.** Copies of the Sewer Use Ordinance are available upon request during normal business hours Monday through Friday at the 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 697-3074 Fax.

Section I

FOOD ESTABLISHMENT INFORMATION (Please Print)

Establishment Name: _____

Establishment Location Address: _____ Business Phone: _____

Establishment Mailing Address: _____ Business Fax: _____

_____ Zip: _____

Owner Name: _____ Owner Phone: _____

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

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

(2) _____ Contact Fax: _____

District Headquarters - Corporate Information

Name of Business: _____ Contact: _____

Address: _____ Zip: _____

Telephone(s): _____ Fax: _____

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 circle all that apply)*

Breakfast Lunch Dinner

3. What are your operating hours? _____

4. How do you classify your business? *(Please circle 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 Pastries

Other Fried Foods:_____

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

All Some None

Examples:_____

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

Yes No Not Applicable

Section III

Does your establishment have any of the following? *(Please circle and fill-in)*

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

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 circle*)
- | | | |
|----------------|----------------|---------------|
| 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*)
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 circle 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 circle 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 |

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 & Sewer Dept.
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!