

INDUSTRIAL PRETREATMENT PROGRAM



CEDAR PARK

NEW UTILITY CONNECTION SURVEY-FOOD SERVICE

(Please **complete** requested data or **check** all, which apply and return survey to the I.P. Program)

A. User Site Information:

- 1. Business name: \_\_\_\_\_
- 2. Physical address: \_\_\_\_\_
- 3. Mailing address: \_\_\_\_\_
- 4. City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- 5. Business Telephone: \_\_\_\_\_, Fax No.: \_\_\_\_\_
- 6. Site Contact: \_\_\_\_\_, Title: \_\_\_\_\_
- 7. E-Mail address: \_\_\_\_\_

B. Planned Description of Activities:

- \_\_\_\_ Food service
- \_\_\_\_ other; (if checked, please describe) \_\_\_\_\_

C. Planned Water and Wastewater Information:

- 1. Source(s) of water. \_\_\_\_ City of C.P. \_\_\_\_ water well \_\_\_\_ other
- 2. Wastewater service. \_\_\_\_ City of C.P. \_\_\_\_ septic tank \_\_\_\_ other
- 3. **If other, please describe:** \_\_\_\_\_
- 4. Estimated Water Usage: \_\_ <100 gpd, \_\_ <1000 gpd. \_\_ < 10,000 gpd, \_\_ > 10,000 gpd

D. Description of Planned Water Usage.

- 1. Will facility connect domestic water directly to any type of equipment or tank? \_\_\_\_ Yes / \_\_ No
- 2. Will facility have a backflow prevention assembly (s)? \_\_\_\_ Yes / \_\_ No
- 3. If yes, what type and quantity: RPZ \_\_\_\_, DCV \_\_\_\_, PVB \_\_\_\_, Air gap \_\_\_\_, Other \_\_\_\_.  
(RPZ-reduced pressure zone, DCV-double check valve, PVB-pressure vacuum breaker)

E. Description of Wastewater:

- 1. Will facility generate only domestic or sanitary wastewater? \_\_\_\_ Yes / \_\_ No  
**(Domestic = restroom and house hold type wastewater)**
- 2. **If you checked no, please describe:** \_\_\_\_\_
- 3. Will facility have a grease interceptor or grease trap (s)? \_\_\_\_ Yes / \_\_ No

F. Waste Generation (grease trap waste or used fryolater oil)

- 1. Manufacture and model # of grease unit. \_\_\_\_\_
- 2. Size & location of grease unit? \_\_\_\_\_
- 3. How often will grease unit be cleaned? \_\_\_\_\_
- 4. Who will transport the waste off-site? \_\_\_\_\_
- 5. Where will used cooking oil be stored? \_\_\_\_\_
- 6. Who will collect / transport used oil off-site? \_\_\_\_\_

G. Authorized Representative:

- 1. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 2. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN TO:**

City of Cedar Park-IP Program, 2315 Brushy Creek Loop., Cedar Park, TX 78613, Phone: 512-401-5330, Fax: 512-401-5592