

INDUSTRIAL PRETREATMENT PROGRAM



CEDAR PARK

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. Facility 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: 512-401-5592, Fax: 512-401-5593