



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type of facility:

(Check all that apply)

- Restaurant
- Educational Facility
- Church
- Food Processing (i.e., Butcher)
- Grocery Store
- Deli
- Coffee Shop or Bakery
- Other (please specify)

* 13. Is there a kitchen at the facility?

(If NO, you do not need to answer any more questions on this page. Click 'Next')

- Yes No

14. Indicate the hours the facility is open and the typical number of meals served:

	Hours of Operation	Typical Number of Meals Served
Monday	—	—
Tuesday	—	—
Wednesday	—	—
Thursday	—	—
Friday	—	—
Saturday	—	—
Sunday	—	—

15. Indicate which fixtures are in the kitchen and if they are plumbed to a grease trap or interceptor:

	Number in Kitchen	Plumbed to grease trap or interceptor? (Y/N)
Dishwasher	—	—
Pot sinks	—	—
Multi-compartment sink	—	—
Mop sink	—	—
Floor drain	—	—
Food steamer	—	—
Food grinder/pulper	—	—

Steam kettle

—

—

Can washer

—

—

16. **Have you observed any problems in the kitchen, such as a slow-running drain or an overflow?**

No

Yes. Please Describe:

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 17. Does the facility have pretreatment equipment?

- No
- Unsure
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):

18. Provide the following details on pretreatment equipment (if applicable):

- Number of units: _____
- Size(s) (in gallons): _____
- Location(s): _____
- How often is the unit(s) serviced (i.e., pumped out/cleaned)? _____
- What company services the unit(s)? _____
- Does management observe servicing of the unit(s)? _____
- Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____
- Is the unit(s) refilled with clean water? _____
- Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 19. Does the facility collect used fat, oil, or grease in storage bins?

- Yes
 - No
-

* 20. Are storage bins placed outside?

- Yes
 - No
 - N/A
-

* 21. Are storage bins kept covered?

- Yes
 - No
 - N/A
-

* 22. Are storage bins located away from storm drains?

- Yes
 - No
 - N/A
-

* 23. Are storage bins checked for leaks?

- Yes
 - No
 - N/A
-

* 24. **Please read the following statement carefully.**

By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are penalties for submitting false information.

Name: _____

Date: _____