

Public Works
Wastewater Division
Town of Crested Butte
P.O. Box 39
507 Maroon Ave.

FOOD SERVICE

Pretreatment Application

Please complete this application and return by mail to the address listed above, or hand-deliver to:

Wastewater Division, 507 Maroon Ave, Crested Butte, Co
Questions? Call (970) 349-5530 Fax (970) 349-6626

Facility Name: _____

Facility Location: _____

Mailing Address: _____

Facility Owner: _____

Facility Contact: _____

Name: _____ **Title:** _____ **Cell Phone #** _____ **Phone #** _____

e-mail address: _____

CERTIFICATION STATEMENT

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I certify, under penalty of law, that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information. (Must be signed by Owner/Officer/Manager of the company)

Printed Name & Title: _____

Signature: _____ **Date:** _____

Please fill out 1-11 on the following pages, if this is a new application or modifications have been made to the food service facility.

1) Type of Food Service Facility:

Full Service Fast Food Limited Menu Catered Institutional

Other (describe): _____

Briefly describe types of food prepared at facility: _____

2) Operations:

Seating Capacity: _____ or Number of Residents/Patients/Students: _____

Average Daily Servings: _____

Average Number of Employees: _____

Operating Hours: _____

Operating Days: Sun Mon Tue Wed Thu Fri Sat

3) Water Provider: Town of Crested Butte

Name on Water Bill (if known): _____

Water Account Number (if known): _____

4) Briefly describe kitchen management practices that are designed to minimize oil and grease discharge to sewer system (Best Management Practices): _____

5) Is cooking oil reclaimed? Yes No

If yes, Name of Contractor: _____

6) Is facility equipped with a gravity grease interceptor? Yes No

If yes: Interceptor Capacity: _____ gallons

Location of Interceptor: _____

Frequency of Cleaning/Pumping: _____

Contractor: _____

7) GRAVITY GREASE INTERCEPTOR SIZING TABLE

Fill Out This
Column
↕

<u>Fixture Type</u>	<u>Number of Fixtures</u>	x	<u>Flow gal/min</u>	=	<u>Total Flow gal/min</u>	
<u>Kitchen Area Sinks:</u>						
Single Compartment	_____	x	<u>20</u>	=	_____	
Double Compartment	_____	x	<u>25</u>	=	_____	
Triple Compartment	_____	x	<u>30</u>	=	_____	
Mop/Clean-up	_____	x	<u>20</u>	=	_____	
<u>Dishwashers:</u>						
Up to 30 gallon capacity	_____	x	<u>15</u>	=	_____	
30 to 50 gallon capacity	_____	x	<u>25</u>	=	_____	
50 to 100 gallon capacity	_____	x	<u>40</u>	=	_____	
Total Surge Flow					=	_____
Detention Time Factor (x10)					=	<u>x 10</u>

Required Gravity Grease Interceptor Capacity * = _____ gallons

* Minimum approved size is 500 gallons

* Standard size is 1000 gallons

8) Use of Garbage Disposal Units:

Does Facility use Garbage Disposal Units: Yes No

If yes, does unit discharge wastewater to grease interceptor? Yes No

9) Identify Floor Drains in Kitchen Area:

<u>Type (e.g. 4 inch, round)</u>	<u>Location</u>	<u>Drains To Interceptor?</u>		
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

10) Are kitchen area floor drains covered with screens? Yes No

11) Attach a Site Plan and Mechanical Drawing Showing:

- * Approximate square footage of facility
- * Kitchen Diagram (sinks, dishwasher, floor drains, etc)
- * Materials Storage (inside and outside storage)
- * Restrooms
- * Grease Interceptor Location
- * Outside Storm Drains
- * Plumbing Layout