



4255 N US Highway 85
 Castle Rock, CO 80108
 Phone: (303)688-1991
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FOOD SERVICE QUESTIONNAIRE

Instructions: For Plum Creek Water Reclamation Authority (PCWRA) to properly evaluate, process, and issue a connection approval, a Food Service Questionnaire must be filled out.

- The Food Service Questionnaire must be signed by an official company representative.
- The form will be returned to you if it is not signed by the proper company official.
- The application fee of **\$100** is due at the time the application is submitted. **Make checks payable to Plum Creek Water Reclamation Authority.**
- For Food Service Questionnaires being submitted in conjunction with an Industrial Waste Questionnaire, a single application fee of \$100 is required. *Applications being submitted at separate times will be assessed a full fee in the amount of \$100 each.*
- Mail application with payment to the address listed above. Application and payment submittals can also be made in person at PCWRA.
- PCWRA will return your application to you if **ANY** section is incomplete. **ALL subsequent application resubmittals will be charged an additional fee of \$100.**

PRINT OR TYPE INFORMATION LEGIBLY - ALL SECTIONS MUST BE COMPLETED

SECTION A: APPLICANT INFORMATION

1. Company Name:		
2. Company Address:		City, State, Zip
3. Telephone Number:		
4. Name of Official:		

SECTION B: PROPOSED OR EXISTING COMMERCIAL OR PRODUCTION FACILITY INFORMATION

1. Company Name:		
2. Company Address:		City, State, Zip
3. Telephone Number:		

SECTION C: PROPERTY OWNER OF THE PROPOSED OR EXISTING FACILITY LOCATION

1. Company Name:		
2. Company Address:		City, State, Zip
3. Telephone Number:		

SECTION D: AUTHORIZED REPRESENTATIVE IN OFFICIAL DEALINGS WITH PCWRA

1. Name:		
2. Title:		
3. Address:		City, State, Zip
4. Telephone Number:		

SECTION E: FACILITY INFORMATION

1. Is this a multi-tenant building?	Yes	No	If yes, which unit(s) do you occupy?	
2. Identify the type of food service (fast food, cafeteria, caterer, etc.):				
3. List the types of food served (American, Asian, Mexican, etc.):				
4. Will food be prepared or cooked at this facility?	Yes	No	If no, will precooked foods be provided?	Yes No
5. Will food be served on disposable dishes?	Yes	No		
6. Will food be served on washable dishes?	Yes	No		
6. Will dishwashing take place at this facility?	Yes	No		

7. Kitchen Fixtures – **CHECK YES OR NO. IF YES, INCLUDE QUANTITY AND DRAIN SIZE**

YES	NO	FIXTURE	QUANTITY	DRAIN SIZE DIAMETER (INCHES)
		3 Compartment Sink		
		2 Compartment Sink		
		Hand Sink		
		Dishwasher		
		Mop Sink		
		Floor Drain		
		Floor Sink		
		Garbage Disposal		
		Other (Please describe)		

ATTACH A DATED COPY OF MENU TO APPLICATION

SECTION F: OIL AND GREASE INTERCEPTOR INFORMATION

1. Is cooking oil reclaimed?	Yes	No	If Yes, list contractors that may haul waste from your site below:
If No, how is cooking oil disposed of?			
2. Pretreatment devices anticipated to be used for treating wastewater prior to discharge to sanitary sewer system: CIRCLE YES OR NO			
Yes	No	Grease or Oil Interceptor	
Yes	No	Other (please describe):	
3. What size is the grease interceptor?			
4. Where is the grease interceptor located?			
5. Provide the names and addresses of contractors that may haul waste from your oil and grease interceptor:			

***Documentation of grease interceptor pumping, cleaning and maintenance must be kept on site and made available for inspection and/or copies furnished upon request.**

- If any laboratory analysis has been performed on the wastewater discharge(s) from a similar facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, the name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken. Attach sketches, plans, and more as necessary.
- Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

****To be signed by an authorized official of the proposed facility***

****Connection approval will not be granted unless the FSQ form is signed & dated***

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 believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment.

Date:	Title:
Signature of Official:	Printed Name of Official:

Receipt Information for PCWRA, Office Use Only

Application Fee \$100 paid in full:	Yes	No	Paid by:
Check Number:	Received by:		Date Received:
Facility Name and Address:			

