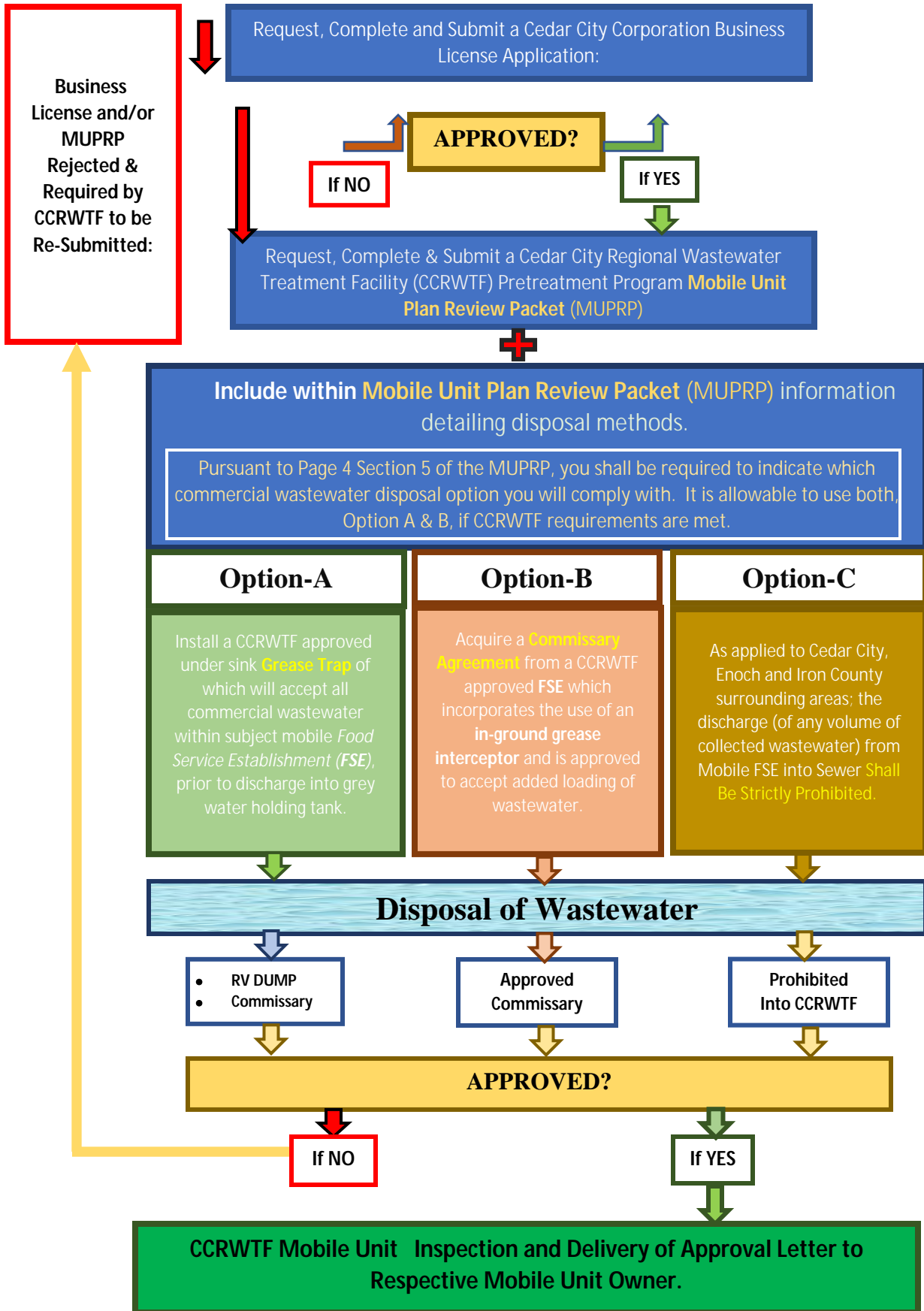


**MOBILE UNIT PLAN REVIEW PACKET
COMPLIANCE PROCESS FLOW DIAGRAM**



MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

*Cedar City Regional Wastewater Treatment Facility
10 N. Main St • Cedar City, Utah • 84720
Phone: 435-867-9426 • Fax: 435-867-9429*

Mobile Food Service:

Waste Retention:

- All wastewater, (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15% larger than the water supply tank.
- The release and/or discharge, (into the City Sewer and the Cedar City Regional Wastewater Treatment Facility (CCRWTF)) of collected wastewater shall be first approved through the Cedar City Pretreatment Program and subject to review. Please reference, *'Mobile Unit Review Packet Compliance Process Flow Diagram'* within this packet for specifics related to steps required to legally discharge into the City Sewer/CCRWTF from either Cedar City, Enoch City and surrounding Iron County area.
- All connections to the wastewater holding tank must be of a different size or type than the connections to the water supply tank.
- The connections that release or catch wastewater must be below the connections on the water supply tank to prevent contamination of the water supply.

Required Plan Review Information:

1. Menu:

- Submit a complete Menu of which details all foods and beverages served.
 - Don't forget toppings such as cheese, lettuce, tomato, also include condiments such as ketchup, mayonnaise and mustard.

MENU:

Please use a separate sheet of paper if needed:

MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

2. Fats Oil, and Grease, (FOG):

- Describe your process in relation to the washing of all equipment, dishes, utensils, tongs, including a description of how and at what frequency you will enable wash-down -clean-up procedures. Please detail destination of all wash-wastewater and include all chemicals used.
 - *Attach respective chemical Safety Data Sheets (SDS):*
 - With this said, walk through your process from when you obtain the food until you serve the food and include cleanup procedures:

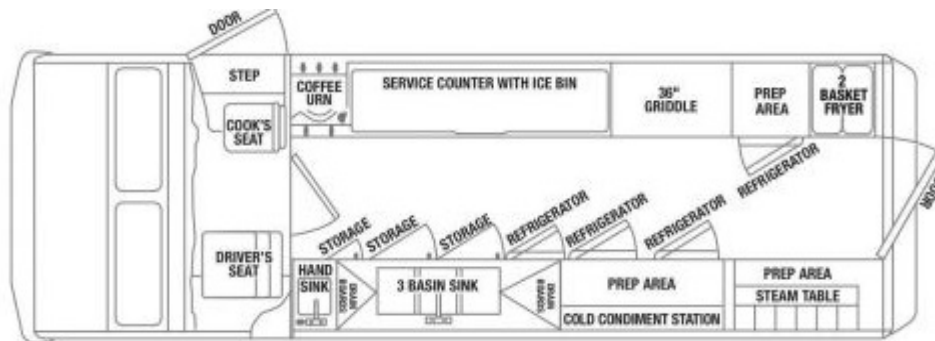
CLEAN-UP PROCEDURES:

Please use a separate sheet of paper if needed:

3. Mobile Unit Floor Plan and/or Photographs:

- A Floor Plan, Pipe Flow Diagram and photos are required. Within the Floor Plan please insure you detail the following line-items:
 - Ice Bin(s)
 - Dry Food Storage Area
 - Hot Hold (steam table, grill)
 - Ventilation
 - Sinks, Include all sizes, (L x W x D)
 - Grease Trap (if required/installed – please reference attached, 'Mobile Unit Review Packet Compliance Process Flow Diagram').
 - All Holding Tanks, (clean water, wastewater) and size capacity of subject tanks.
 - Integrated/installed water and wastewater piping identifying direction of flow and destination.

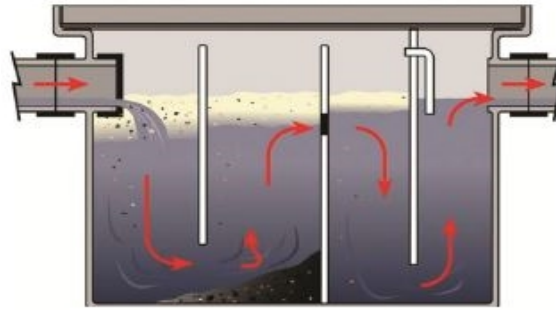
Please use a separate sheet of paper if needed:



Mobile Food Services - Example Floor Plan
CCRWTF Pretreatment Program

MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

Grease Trap Design & Operation Worksheet- EXAMPLE ONLY

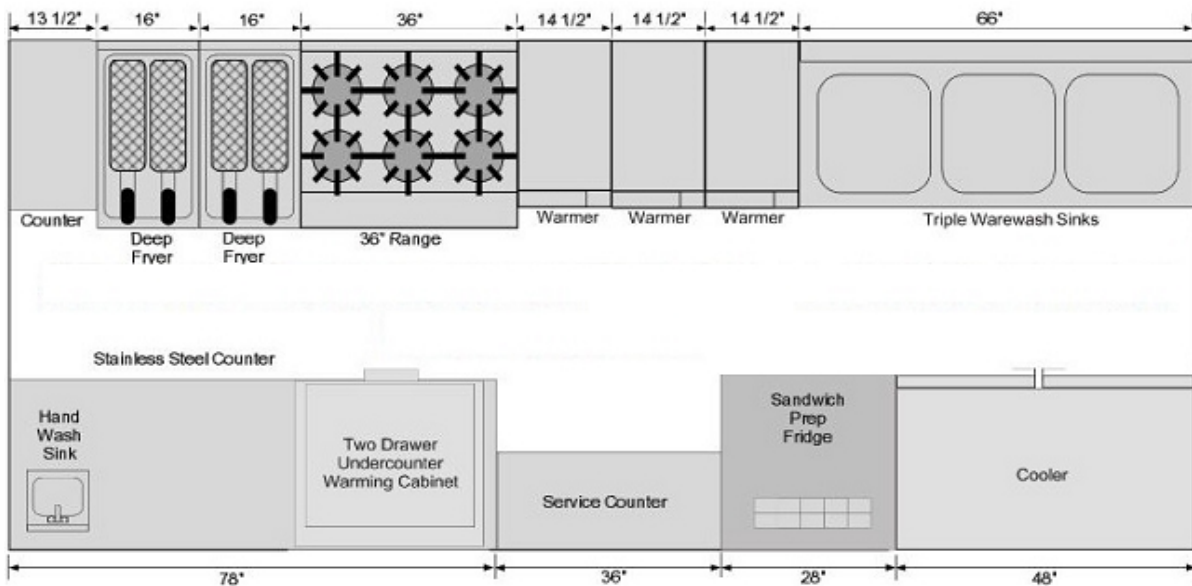


Mobile Food Services - Example Grease Trap
CCRWTF Pretreatment Program

A **Grease Trap** is designed to prevent Fats, Oils and Grease (FOG) from entering the publicly owned waste water treatment facilities. A flow restrictor on the inlet side of the trap slows incoming effluent material and redirects it through baffling inside the trap. This slowing and baffling process allows FOG to accumulate inside the trap above the static water line.

Please use a separate sheet of paper if needed:

1. By choosing **Option A** you shall be required to submit the following criteria:
 - a) Grease Trap Model #: _____ Make: _____
 - b) Grease Trap Size/Capacity: _____ lbs.
 - Indicate calculations used to determine Grease Trap Size/Capacity
 - Include expected maximum flow
2. Using the diagram below mark an (X) within each respective fixture/equipment block which corresponds with items which will be connected to the **Grease Trap** within your mobile unit.



Mobile Food Services - Mark with an (X) any Equipment or Fixtures which will connect to Grease Trap

MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

4. Equipment List- (all equipment must be Commercial Grade):

Provide a specification sheet for each piece of equipment listed. Please include list of equipment below, (of which shall include a *Grease Trap* if installed and/or required to be installed:

| Make, MFG: | Model Number: | New or Used, (Additional Comments): |
|------------|---------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please use a separate sheet of paper if needed:

5. Wastewater Storage, and Disposal:

Circle the *Option(s)* which apply to your *Mobile Unit*.

| | |
|----------|--|
| A | <p><i>‘Option-A’</i> – As the subject business owner and authorized representative, I am indicating that I shall install a CCRWTF approved under sink <i>Grease Trap</i> of which will accept all commercial wastewater, (within subject mobile <i>Food Service Establishment (FSE)</i>) prior to discharge into grey water holding tank.</p> <p>Reference enclosed, <i>‘Mobile Unit Review Packet Compliance Process Flow Diagram’</i>:</p> |
|----------|--|

| | |
|----------|--|
| B | <p><i>‘Option-B’</i> – As the subject business owner and authorized representative, I am indicating that I shall acquire a <i>Commissary Agreement</i> from a CCRWTF approved <i>FSE</i> which incorporates the use of an <i>In-Ground Sand/Oil and/or Grease Interceptor (IGSOGI)</i> and is approved, (by the CCRWTF) to accept added loading from your <i>Mobile Units</i> commercial kitchen by-product wastewater. During our review process, CCRWTF will evaluate selected Commissary to ensure compliance.</p> <p>Reference enclosed, <i>‘Mobile Unit Review Packet Compliance Process Flow Diagram’</i>:</p> |
|----------|--|

| | |
|----------|---|
| C | <p><i>‘Option-C’</i> – By circling <i>‘Option-C’</i> and as the acting business owner and authorized representative, I am indicating my acknowledgment that at no point in time shall any volume of collected commercial kitchen wastewater, (generated through the act of washing cookware, cleaning equipment and/or general wash/clean-up procedures - notwithstanding the act of enabling any wash/clean-up procedural combination at and/or within an un-approved stationary commercial kitchen and/or residential location) be discharged from detailed <i>Mobile Unit</i> into the Cedar City Sewer/CCRWTF. Reference enclosed, <i>‘Mobile Unit Review Packet Compliance Process Flow Diagram’</i>:</p> <p><i>This shall include the prohibited discharge from your Mobile FSE into any sewer access point located within Cedar City, Enoch City and Surrounding Iron County areas.</i></p> |
|----------|---|

MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

MOBILE UNIT PLAN REVIEW/INFORMATION FORM:

OWNER INFORMATION

1. Owner(s) Name _____
2. Corporation Name (as it appears on Sales Tax License) _____
3. Owner Address _____ City _____ State ____ Zip _____
4. Home Phone No. (____) _____ Work Phone No. (____) _____
5. Owner Mailing Address _____ City _____ State ____ Zip _____
6. Driver's License No.: _____

ESTABLISHMENT INFORMATION

1. Establishment Name _____
2. Site Address _____ City _____ State ____ Zip _____
3. Mailing Address _____ City _____ State ____ Zip _____
4. Phone Number: (____) _____ Manager/Contact Person _____
6. State Sales Tax Number: _____

SEND LICENSE/RENEWALS TO: (check One):

- Owner Mailing Address
- Establishment Site Address
- Establishment Mailing Address
- or: _____

If Seasonal Operation, please circle which months/dates of operation:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Indicate Facility's Hours of Operation

Sun ___ to ___ Mon ___ to ___ Tues ___ to ___ Wed ___ to ___ Thurs ___ to ___ Fri ___ to ___ Sat ___ to ___

Type of Mobile Unit

- Hot Dog Cart Catering Truck/Self Propelled
- Trailer Other: _____
- Truck Top/Pick up

Date _____
Owner/Operator Signature & Title:

FOR OFFICE USE ONLY

IN# _____
ACCT. I.D. # _____
SR# _____

MOBILE UNIT PLAN REVIEW PACKET – CCRWTF PRETREATMENT

Pretreatment Ordinance 30a-2.6 - Special Agreement:

The CCRWTF reserves the right to enter into special agreements with Industrial Users setting out special terms under which they may discharge to the POTW.

CCRWTF PRETREATMENT PROGRAM

**WASTEWATER DISCHARGE
COMMISSARY AGREEMENT**

Date, (Moith Day, Year):

I, _____ of

Stationary FSE Owner/Operator/Authorized Representative Name:

Stationary FSE Name:

Located at:

Address of Stationary FSE:

Do hereby give my permission to

Stationary FSE Owner/Operator/Authorized Representative Name: and Name of Mobile Unit/Pushcart/Temporary Booth:

To use my facilities to perform the following:

(Please indicate with a check mark):

- | | |
|---|---|
| <input type="checkbox"/> Preparation of foods such as vegetables or fruits | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Cutting meats, and cooking | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Dumping waste water | <input type="checkbox"/> Service and cleaning of the equipment |
| <input type="checkbox"/> Other (list below) | |

Your Stationary FSE shall supply water from the following source:

(Please indicate with a check mark):

- Municipal** **Well**

Your Stationary FSE shall discharge all wastewater, (Stationary FSE commercial kitchen wastewater and Mobil Unit FSE generated commercial kitchen wastewater into the following pollution control device(s) prior to discharge into the City Sewer/CCRWTF:

(Please indicate with a check mark and/or numeric):

In-Ground Sand/Oil and/or Grease Interceptor, (IGSOGI): _____ **Size/Capacity of Stationary FSE – IGSOGI:** _____ **gallons.**

Indicate the equipment available at the above detailed Stationary FSE for the proposed uses:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hand Sink | <input type="checkbox"/> Prep Sink | <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Three Bay Sink |
| <input type="checkbox"/> Dish Washer | <input type="checkbox"/> Clean Water Hook up | <input type="checkbox"/> Dirty Water Hook up | |
| <input type="checkbox"/> Pressure Washer | <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Car Wash Bay with Sand/Oil Interceptor | |
| <input type="checkbox"/> Other, (please explain) _____ | | | |

Owner/Operator of Stationary FSE-Commissary, (NAME):

Owner/Operator of Stationary FSE-Commissary, (SIGNATURE):

Owner/Operator of Stationary FSE-Commissary - Phone Number: