



CEDAR CITY REGIONAL WASTEWATER TREATMENT FACILITY, (CCRWTF) PRETREATMENT PROGRAM

Food Service Establishment/Institution Questionnaire Survey, (FSEIQS):

- *Complete, Sign/Date (Original FSEIQS and Original Signature from Authorized Representative or Duly Authorized Representative of Business) and Return to the following address:*

Attn: CCRWTF Pretreatment Program
Cedar City Corporation
Pretreatment Program
10 N. Main St. Cedar City Utah 84720

- *As Applied to Any Section Within this Document Please Attach Additional Paperwork if More Space is Required.*
- *Please Answer All Sections Within Document and if you Have No Answer and/or Section Criteria is Not Applicable Please Answer N/A Within Section Fields.*

REGULATORY REFERENCES:

40 CFR 403 / ORDINANCE 30A

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CEDAR CITY REGIONAL WASTEWATER TREATMENT FACILITY, (CCRWTF) PRETREATMENT PROGRAM

FATS, OILS AND GREASE PROGRAM

FOOD SERVICE ESTABLISHMENT AND/OR INSTITUTION QUESTIONNAIRE/SURVEY

A-1	FSE/INSTITUTION CLASSIFICATION CHECKLIST:		
Name of Facility:			
Facility Street Address:			
City:	State:	Zip Code:	
Facility Mailing Address:			
City:	State:	Zip Code:	
Name of Facility Owner:			
Phone:		Email:	
Designated Facility Contact Name:			
Phone:		Email:	

A-2	FSE/INSTITUTION CLASSIFICATION CHECKLIST:		
Landlord/Property Manager Business Name:			
Phone:		Email:	
Landlord/Property Manager Business Mailing Address:			
City:	State:	Zip Code:	

B-1	NEW AND/OR EXISTING SOURCE FSE/INSTITUTION:	
(Please Check All That Apply):		
<input type="checkbox"/>	New Source FSE:	A New Source is Defined as Any Business of Which Has Changed Ownership and Moved into a Previously Occupied Structure, Building and/or Suite or A Business of Which Shall Construct a New Building, Structure and/or Suite:
<input type="checkbox"/>	Existing Source FSE:	An Existing Source is Defined as Any Business of Which Currently Exists and is Currently in Operation at the Location of Interest:

B-2	EXISTING SOURCE FSE/INSTITUTION CONT.		
Below Please Check Each Box of Which Indicates Type of Construction Activities Planned and/or Currently Being Conducted at your Existing Source - FSE/Institution:			
<input type="checkbox"/>	Existing Source - Remodel Interior, (Not Including the Commercial Kitchen):	<input type="checkbox"/>	Existing Source - Remodel Interior and Exterior, (Not Including the Commercial Kitchen):
<input type="checkbox"/>		<input type="checkbox"/>	Existing Source - Remodel Planned, (Details Unknown at this Time):

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Source - Remodel Interior, (Including the Commercial Kitchen):	Existing Source - Remodel Interior and Exterior, (Including the Commercial Kitchen):	Existing Source - No Remodel Planned:
<input type="checkbox"/>	Please Check Box if you Have Submitted a Cedar City Building Permit Application:	
<input type="checkbox"/>	Please Check Box if you Have Submitted an Enoch City Building Permit Application:	
<input type="checkbox"/>	Please Check Box if you Have Submitted an Iron County Building Permit Application:	
If Remodel of FSE/Institution Planned, Below Please Detail an Expanded Narrative Description of the Planned Remodel:		
<div style="font-size: 8px; color: gray; border: 1px solid gray; padding: 2px;"> This area is intentionally left blank for providing an expanded narrative description of the planned remodel. </div>		
<input type="checkbox"/>	Please Check Box if You Will be Attaching Additional Details Pertaining to Your FSE/Institutions Remodel:	

B-3	NEW SOURCE FSE/INSTITUTION CONT.	
Below Please Check Each Box of Which Indicates Type of Construction Activities Planned and/or Currently Being Conducted at your New Source - FSE/Institution:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Source – FSE/Institution Construction, (Not Including the Commercial Kitchen):	New Source – FSE/Institution Construction, (Including the Commercial Kitchen):	New Source – FSE/Institution Construction Planned, (Details Unknown at this Time):
<input type="checkbox"/>	Please Check Box if you Have Submitted a Cedar City Building Permit Application:	
<input type="checkbox"/>	Please Check Box if you Have Submitted an Enoch City Building Permit Application:	
<input type="checkbox"/>	Please Check Box if you Have Submitted an Iron County Building Permit Application:	
If Construction of FSE/Institution Planned, Below Please Detail an Expanded Narrative Description of the Planned Remodel:		
<div style="font-size: 8px; color: gray; border: 1px solid gray; padding: 2px;"> This area is intentionally left blank for providing an expanded narrative description of the planned construction. </div>		
<input type="checkbox"/>	Please Check Box if You Will be Attaching Additional Details Pertaining to Your FSE/Institutions Construction:	

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B-4	NEW AND/OR EXISTING SOURCE FSE/INSTITUTION CONT.				
Below Please Check Each Box Indicating if Your New or Existing Source FSE/Institution Shall be Opening a Mobile Food Truck Business:					
<input type="checkbox"/>	New Source - FSE/Institution, (With Mobile Food Truck):	<input type="checkbox"/>	Existing Source – FSE/Institution, (With Mobile Food Truck):	<input type="checkbox"/>	New Source – Mobile Food Truck ONLY):
If Any of the Above Boxes are Checked, Below Please Detail an Expanded Narrative Description of the Planned Addition of a Mobile Food Truck:					
<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 8px; margin: 0;">.....</p> <p style="font-size: 8px; margin: 0;">.....</p> <p style="font-size: 8px; margin: 0;">.....</p> <p style="font-size: 8px; margin: 0;">.....</p> </div>					
<input type="checkbox"/>	Please Check Box if You Would Like to Request the CCRWTF Pretreatment Program to Send you the Mobile Food Truck Application Questionnaire, (MFTAQ):				

B-5	NEW AND/OR EXISTING SOURCE FSE/INSTITUTION CONT.				
(Please Check All That Apply):					
<input type="checkbox"/>	My Business has Changed Ownership and Applied for a Cedar City, Enoch City and/or Iron County Business License:				
<input type="checkbox"/>	My Business has Not Changed Ownership. However, Due to Planned and/or Currently Being Conducted Remodel and/or Construction; I Have Applied for a Cedar City, Enoch City and/or Iron County Business License:				
<input type="checkbox"/>	My Business has Not Applied for a Cedar City, Enoch City and/or Iron County Business License:				
Below Please Check Box Indicating if You Have or Have Not Applied for a Respective City/County Business License Application:					
<input type="checkbox"/>	Cedar City Business License:	<input type="checkbox"/>	Iron County Business License:	<input type="checkbox"/>	I Have Not Applied for a City/County Business License and Would Like to Request Contact Information to Begin Process:
<input type="checkbox"/>	Enoch City Business License:				

C-1	FSE/INSTITUTION BUSINESS OPERATIONS:						
(Please Check All That Apply):							
<input type="checkbox"/>	Full-Service Restaurant:	<input type="checkbox"/>	Hospital:	<input type="checkbox"/>	Church:	<input type="checkbox"/>	Coffee House/Shop:
<input type="checkbox"/>	Fast Food Restaurant:	<input type="checkbox"/>	School / College:	<input type="checkbox"/>	Club-Organization:	<input type="checkbox"/>	Convenience Store:

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FOOD SERVICE ESTABLISHMENT AND/OR INSTITUTION QUESTIONNAIRE/SURVEY

<input type="checkbox"/>	Carry Out:	<input type="checkbox"/>	Day Care:	<input type="checkbox"/>	Nursing Home:	<input type="checkbox"/>	Pizza:
<input type="checkbox"/>	Delicatessen:	<input type="checkbox"/>	Ice Cream Shop:	<input type="checkbox"/>	Grocery Store:	<input type="checkbox"/>	Buffet:
<input type="checkbox"/>	Smoothies:	<input type="checkbox"/>	BBQ:	<input type="checkbox"/>	Thai:	<input type="checkbox"/>	Steakhouse:
<input type="checkbox"/>	Chinese:	<input type="checkbox"/>	Japanese:	<input type="checkbox"/>	Vietnamese:	<input type="checkbox"/>	Italian
<input type="checkbox"/>	Mexican:	<input type="checkbox"/>	European:	<input type="checkbox"/>	Middle Eastern:	<input type="checkbox"/>	Burgers:
<input type="checkbox"/>	Seafood:	<input type="checkbox"/>	Sports Grill:	<input type="checkbox"/>	Hotel/Motel:	<input type="checkbox"/>	School Cafeteria:
<input type="checkbox"/>	Corporate Cafeteria:	<input type="checkbox"/>	Commercial Cafeteria:	<input type="checkbox"/>	Bed & Breakfast:	<input type="checkbox"/>	Sandwich Shop:
<input type="checkbox"/>	Other:						

If Other, Please Describe:	
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C-2	FSE/INSTITUTION BUSINESS OPERATIONS CONT.								
(Please Indicate all that apply):									
Seating Capacity:		Hours of Business Operation:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of Employees:									

C-3	FSE/INSTITUTION BUSINESS OPERATIONS CONT.							
Below Please Detail an Expanded Narrative Description of the Types of Operations Conducted, (Please Identify all Activities from Which Regulatory Commercial Kitchen Wastewater is Generated/Produced):								

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D-1		FSE/INSTITUTION TYPES OF FIXTURES:							
(Check All That Apply, Circle 'NEW' if to be Added and Indicate QTY for Each):									
<input type="checkbox"/>	Deep Fryer:	NEW:	QTY:		<input type="checkbox"/>	1-Compartment Sinks:	NEW:	QTY:	
<input type="checkbox"/>	Grills:	NEW:	QTY:		<input type="checkbox"/>	2-Compartment Sinks:	NEW:	QTY:	
<input type="checkbox"/>	Ovens:	NEW:	QTY:		<input type="checkbox"/>	3-Compartment Sinks:	NEW:	QTY:	
<input type="checkbox"/>	Rotisserie:	NEW:	QTY:		<input type="checkbox"/>	Auto Hood Wash:	NEW:	QTY:	
<input type="checkbox"/>	Hot Dog Roller:	NEW:	QTY:		<input type="checkbox"/>	Dishwasher:	NEW:	QTY:	
<input type="checkbox"/>	Tilt Kettles:	NEW:	QTY:		<input type="checkbox"/>	Floor, (Mop) Sink:	NEW:	QTY:	
<input type="checkbox"/>	Wok Range:	NEW:	QTY:		<input type="checkbox"/>	Floor Drain:	NEW:	QTY:	
<input type="checkbox"/>	Range:	NEW:	QTY:		<input type="checkbox"/>	Pre-Wash Sink:	NEW:	QTY:	
<input type="checkbox"/>	Hot Dog Roller:	NEW:	QTY:		<input type="checkbox"/>	Trough Drain:	NEW:	QTY:	
<input type="checkbox"/>	Food Disposal:	NEW:	QTY:		<input type="checkbox"/>	Food Grinder:	NEW:	QTY:	
<input type="checkbox"/>	Other (specify below):	NEW:	QTY:		<input type="checkbox"/>	Other (specify below)	NEW:	QTY:	

E-1		FSE/INSTITUTION - FOOD PREPARATION:			
(Check All That Apply):					
<input type="checkbox"/>	Food is Prepared On-Site:	<input type="checkbox"/>	Dishes are Washed and Reused:		Dishes are Washed, Reused and Disposable: (please explain below):
<input type="checkbox"/>	Food is Cooked On-Site:	<input type="checkbox"/>	Dishes are Disposable:	<input type="checkbox"/>	
<input type="checkbox"/>	Food is Heated on Site:	<input type="checkbox"/>	No Food Prepared On-Site:		

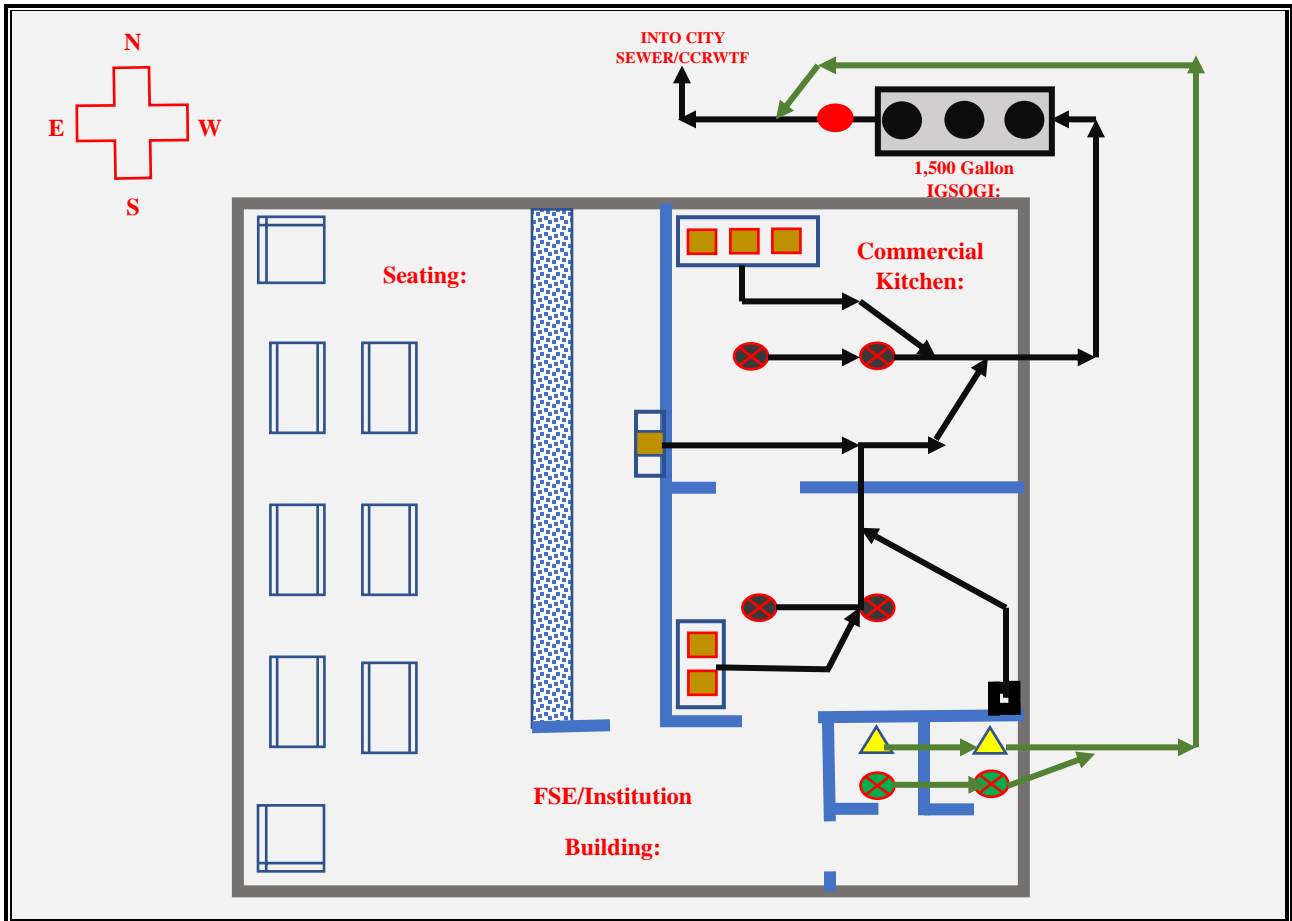
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F-1	FSE/INSTITUTION PLUMBING/SEWER FLOW DIAGRAM REQUIREMENTS:
<p>Please Detail Your FSE/Institutions Plumbing/Sewer Flow Diagram on the Provided Graph/Grid Paper Located at End of This FSE/Institution Classification Survey/Questionnaire, (FSEICSQ). Please Reference Below Narrative and Example FSE/Institution Plumbing/Sewer Flow Diagram, (Section F-2) for Required Criteria:</p> <p>(As Applied to Below Example Plumbing/Sewer Flow Diagram, (F-2) Please Indicate Direction of Both Regulatory and Non-Regulatory, (i.e. Commercial Kitchen Wastewater and Non-Commercial Kitchen Wastewater) Wastewater Flow from All Fixtures, Drains and Sinks, (Ref. Section D-1 for Indicated Fixtures/Drains) Within Your FSE/Institutions into Pollution Control Technology and/or into City Sewer/CCRWTF:</p>	

F-2	FSE/INSTITUTION – EXAMPLE PLUMBING/SEWER FLOW DIAGRAM:
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FSE/INSTITUTION – EXAMPLE PLUMBING/SEWER FLOW DIAGRAM LEGEND:	
Regulatory Wastewater Flow Direction: →	Non-Regulatory Wastewater Flow Direction: →
Three (3) Bay Sink:	Two (2) Bay Sink:

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Single Bay Sink:	Restroom Floor Drain:
	
Commercial Kitchen Floor Drain:	Restroom Toilet:
	
Commercial Kitchen Mop Sink:	Regulatory Wastewater Monitoring Manhole:
	

G-1	PRETREATMENT TECHNOLOGY:			
	Types of Pretreatment Technology (Check All That Apply):	QTY:	Types of Pretreatment Technology (Check All That Apply):	QTY:
<input type="checkbox"/>	Flow/Volume, (Gravity) Based Grease Interceptor, (Currently Installed):		<input type="checkbox"/>	Flow/Volume, (Gravity) Based Above Ground Grease Trap, (Currently Installed):
<input type="checkbox"/>	Flow/Volume, (Gravity) Based Sand/Oil Interceptor, (Currently Installed):		<input type="checkbox"/>	Unknown:
If Pretreatment Technology Installed, Please Answer the Following Questions:				
Interceptor Design Size/Capacity, (Gallons):		Detail the Location of Interceptor, (Please Use Below Space if Needed):		
Interceptor is [] Gallon Capacity:				

G-2	PRETREATMENT TECHNOLOGY CONT:			
Below, Please Check 'YES' or 'NO' if There or Will there be Additional FSE's – Institutions Contributing a Regulatory Discharge into Your Pretreatment Technology, i.e. Interceptor:				
<input type="checkbox"/>	NO	If 'NO', Please Proceed to Section G3:		
<input type="checkbox"/>	YES	If 'YES' Below, Please Provide the Names of the FSEs/Institutions:		
FSE/Institution Name:				
FSE/Institution Name:				
FSE/Institution Name:				
FSE/Institution Name:				

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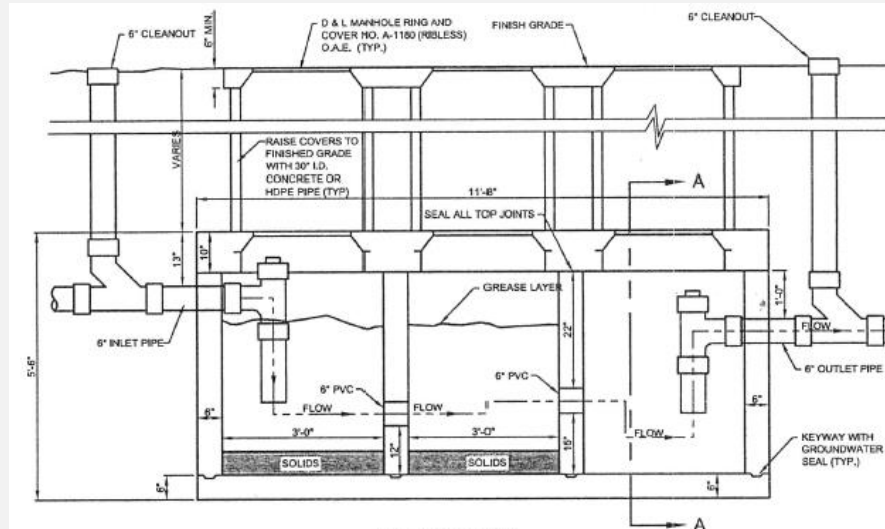
FATS, OILS AND GREASE PROGRAM

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G-3

EXPANDED EXPLANATION OF APPLICABLE PRETREATMENT TECHNOLOGY:

Below please Find an Expanded Description of Section G-1 Detailed Pretreatment Technologies:

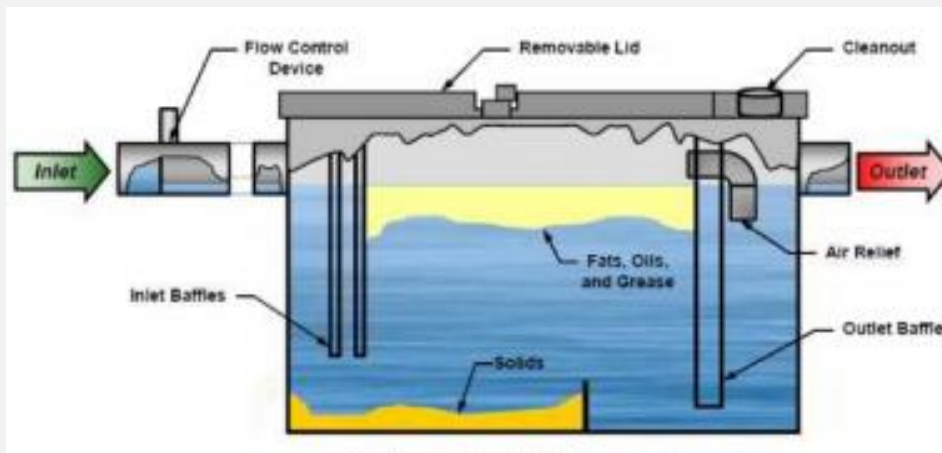


Above Please Find the Cedar City Engineering Standard for Flow/Volume, (Gravity) Based In-Ground Sand/Oil and/or Grease Interceptors, (IGSOI):

G-4

EXPANDED EXPLANATION OF APPLICABLE PRETREATMENT TECHNOLOGY:

Below please Find an Expanded Description of Section G-1 Detailed Pretreatment Technology:



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Above Please Find a Typical Detail Reflecting a Flow/Volume, (Gravity) Based Above Ground Grease Trap:

IT WILL BE NOTED, PURASUANT TO THE PRETREATMENT ORDINANCE 30A SECTION 1.3, A GREASE TRAP SHALL MEAN A DEVICE FOR SEPORATING AND RETAINING WATERBORNE FATS, OIL, AND GREASES, IT SHALL BE INSTALLED UNDER A SINK AS AN ACCESSORY TO AN OPERATING CERTIFIED GREASE INTERCEPTOR. THE INSTALLATION OF GREASE TRAPS ON ALL NEW SOURCE COMMERCIAL OR INDUSTRIAL ESTABLISHMENTS, IN LIEU OF THE INSTALLATION OF A CERTIFIED GREASE INTERCEPTOR, WILL BE STRICTLY PROHIBITED UNDER ANY CIRCUMSTANCES:

G-5 PRETREATMENT TECHNOLOGY CONT.:					
Types of Regulatory Wastewater Monitoring (Check All That Apply):		QTY:	Types of Grease Abatement (Check All That Apply):		QTY:
<input type="checkbox"/>	Exterior In-Ground Monitoring Manhole:		<input type="checkbox"/>	Interior In-Ground Monitoring Manhole:	
<input type="checkbox"/>	Exterior In-Ground Partial Flume:		<input type="checkbox"/>	Interior In-Ground Partial Flume:	
<input type="checkbox"/>	Exterior Above Ground Partial Flume:		<input type="checkbox"/>	Interior Above Ground Partial Flume:	
<input type="checkbox"/>	Exterior Sampling Port:		<input type="checkbox"/>	Interior Sampling Port:	
If Unknown, Please Describe:					

H-1 FSE/INSTITUTION – BY-PRODUCT WASTE DISPOSAL AND WASTE-HAULER INFORMATION:	
Below Please Check Method Your FSE/Institution Shall Employ to Collect and Dispose of Pollution Control Device Accumulated By-Product Sludge/Waste:	
<input type="checkbox"/>	Please Check Box if Your FSE/Institution Contracts a Waste-Hauler to Service On-Site Pollution Control Device, (i.e. Section G-1 Pretreatment Technology):
<input type="checkbox"/>	Please Check Box if Your FSE/Institution Conducts In-House Cleaning/Service of On-Site Pollution Control Device, (i.e. Section G-1 Pretreatment Technology):
If Your FSE/Institution Conducts In-House Cleaning/Service of On-Site Pollution Control Device, Below Please Detail Disposal Method of Collected By-Product Sludge:	
If Your FSE/Institution Contracts a Waste-Hauler to Service Pretreatment Technology, Please Complete Section H-2 Below:	

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H-2	FSE/INSTITUTION – BY-PRODUCT WASTE DISPOSAL AND WASTE-HAULER INFORMATION:		
Name of Waste-Hauler:			
Waste-Hauler Street Address:			
City:	State:	Zip Code:	
Waste-Hauler Mailing Address:			
City:	State:	Zip Code:	
<input type="checkbox"/>	Please Check Box if you Would Like to Request the CCRWTF Pretreatment Program Send you a List of Know Local Waste Hauler Businesses:		

H-3	FSE/INSTITUTION – BY-PRODUCT FRYER AND/OR VEGETABLE WASTE DISPOSAL AND WASTE-HAULER INFORMATION:		
Below Please Check Method Your FSE/Institution Shall Employ to Collect and Dispose of Fryer and/or Vegetable Oil By-Product Liquid Waste:			
<input type="checkbox"/>	Please Check Box if Your FSE/Institution Contracts a Waste-Hauler to Service Accumulated On-Site Fryer and/or Vegetable Oil By-Product Waste:		
If Above Checked, Please Explain the Location Where Your FSE/Institution Fryer and/or Vegetable Waste Oil Accumutation Bin is Located:			
Please Explain How Accumulated Fryer and/or Vegetable Waste Oil Shall be Collected and Transferred From Your FSE/Institution into the On-Site Fryer and/or Vegetable Oil Waste Accumutation Bin:			
<input type="checkbox"/>	Please Check Box if Your FSE/Institution Conducts In-House Cleaning of On-Site Fryer and/or Vegetable Oil Liquid Waste Accumutation Bin:		
If Your FSE/Institution Conducts In-House Cleaning/Service of On-Site Fryer and/or Vegetable Oil Waste Accumutation Bin; Below Please Detail Disposal Method of Collected By-Product:			
If Your FSE/Institution Contracts a Waste-Hauler to Service On-Site Fryer and/or Vegetable Oil Waste Accumutation Bin; Please Complete Section H-4 Below:			

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H-4	FSE/INSTITUTION – FRYER/VEGETABLE OIL WASTE DISPOSAL AND WASTE-HAULER INFORMATION:
Name of Waste-Hauler:	
Waste-Hauler Street Address:	
City:	State: Zip Code:
Waste-Hauler Mailing Address:	
City:	State: Zip Code:
<input type="checkbox"/>	Please Check Box if you Would Like to Request the CCRWTF Pretreatment Program Send you a List of Know Local Fryer/Vegetable Oil Waste Hauler Businesses:

I-1	FSE/INSTITUTION – COMPLETE MENU:
<input type="checkbox"/>	Please Check Box and Attach to this FSEIQS your FSE/Institutions Complete Menu. Your FSE/Institutions Complete Menu can be Attached within Enclosure-1 of this FSEIQS:

J-1	40 CFR 403.12 - I CERTIFICATION REQUIRMENT:
Complete, Sign/Date, (Original FSEIQS and Original Signature from Authorized Representative or Duly Authorized Representative of Business) and Return to the Following Address:	
Attn: CCRWTF Pretreatment Program: Cedar City Corporation Pretreatment Program 10 N. Main St. Cedar City Utah 84720	
Certification:	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Signature: _____	Date: _____
Printed Name: _____	
Title: _____	

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A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for data entry or calculations.

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Enclosure-1