

CITY OF LUMBERTON

WASTE SURVEY / PERMIT APPLICATION FOOD ESTABLISHMENTS

This form has been sent to your business to determine types and sources of wastewater that are entering the City of Lumberton's Wastewater Treatment Facility. This form **must** be completed in accordance with Section 23-96 of the City of Lumberton Sewer Use Ordinance. **Failure to submit this form is in violation of this Ordinance and may result in enforcement action.** Copies of our Sewer Use Ordinance are available upon request during normal business hours. If you have any questions or concerns while completing this form, please contact Steve West at (910) 671-3858, or e-mail at swest@ci.lumberton.nc.us Fax Number 910-671-3932

Section I

Food Establishment Information

Name of Business: _____ Contact: _____

Address: _____ Zip: _____

Telephone(s): _____ Fax: _____

District Headquarters / Corporate Information

Name of Business: _____ Contact: _____

Address: _____ Zip: _____

Telephone(s): _____ Fax: _____

Does your food establishment have connection with the City Sewer? _____ YES _____ NO
(If NO, complete only section I and the Boxed section on page 3; otherwise complete entire form.)

Section II

1. How many employees does your food establishment employ? _____

2. What meals do you serve? (please circle)

Breakfast Lunch Dinner Breakfast / Lunch / Dinner Snacks

3. What are your operating hours? _____

4. How do you classify your restaurant? (please circle all that apply)

Fast Food	Fine Dining	Bar & Grill	Cafeteria
Bakery	Delicatessen	Caterer	Coffeehouse
Food Processor	Meat Processor	Steakhouse	Casual Dining
Other: _____			

5. What menu(s) does your restaurant serve? (please circle all that apply)

Burgers	Fried Chicken	Fried Fish	Grilled / Baked Foods
Mexican	Oriental	Barbeque	Sandwiches
Pastries	Japanese	Dairy Foods	Salads
Other: _____			

Section III

Does your facility have any of the following? (Please circle and fill in)

1. Used Fryer Oil/Grease Recycling Bin: 1 2 3 4

a. Who picks it up? _____

b. How often is it picked up? _____

2. Grease Trap and / or Interceptor (connected to the kitchen drainage system): 1 2 3 4

a. How many gallons capacity? _____ gallons

b. How often is it cleaned out? (please circle)

Twice-a-week	Weekly	Every 2 Weeks
Monthly	Every 2 Months	Every 3 Months
Every 4 Months	Biannually	Annually

3. Who cleans the Grease Trap and / or Interceptor out?

_____ Kitchen Staff

4. What date was it last cleaned? _____ (Example 6/24/05)

5. Where is it located? (If you are facing the front of the store)

Back Parking Area	Front Parking Area	Left Parking Area
Right Parking Area	Back Sidewalk	Front Sidewalk
Left Sidewalk	Right Sidewalk	Entrance Area
Drive-In Area	Kitchen Entrance	
Inside under Sink	Inside in Floor (where?)	_____

Section IV

Please Circle Number of Sinks:

Automatic Dishwasher	1	2	3
a. Pre-rinse Sink	1	2	3
Garbage Disposal	1	2	3
3-Compartment Sink	1	2	3
2-Compartment Sink	1	2	3
Single Compartment Sinks	1	2	3
Pot Wash Sink	1	2	3
Mop Wash Sink	1	2	3

Can Wash Sink	1	2	3
Hand Wash Sink	1	2	3
Food Prep Sink	1	2	3
Floor Drains	_____ (please fill in)		
Other	_____ (please fill in)		

Section V

Please Circle amount of Equipment:

Fryers	1	2	3	4	5	6
Grills	1	2	3	4	5	6
Griddles	1	2	3	4	5	6
Wok Stoves	1	2	3	4	5	6

Pizza Ovens	1	2	3	4	5	6
Soup Kettle	1	2	3	4	5	6
Steamer Table	1	2	3	4	5	6

Is Bioremediation Technology (Liquid, Powered bugs or enzymes) practiced and added to the drainage system, Grease Trap / Interceptor, or to any water discharged to the City Sewer System?
(If YES, please describe):

Authorized official is defined as a person responsible for the principle business decisions or other policy decisions for the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon 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 / or imprisonment for knowing violations.

Signature: _____ Date: _____

Print Name: _____ Title: _____