



**FOOD SERVICE**  
**PRETREATMENT APPLICATION**

Please complete the application and return to: **Persigo Wastewater Treatment Plant or City Hall**  
Questions? Call (970) 256-4180 Fax (970) 245-8620

Facility Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Owner: \_\_\_\_\_

Facility Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_

e-mail address: \_\_\_\_\_

**CERTIFICATION STATEMENT**

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. (Must be signed by Owner/Officer/Manager of the company)

Printed Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT INFORMATION FOR CITY OF GRAND JUNCTION, WWTP OFFICE USE ONLY;**

Permit Application Fee:  \$ 50.00 for facilities **without** required grease interceptor  
Payable to the City of Grand Junction  \$165.00 for facilities **with required grease interceptor**

Account Number 902-615-260-4340\_15

Check Paid by: \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By(signature): \_\_\_\_\_ Date Fee Received: \_\_\_\_\_

TREASURER RECEIPT NUMBER: \_\_\_\_\_ Date Of Treasurer Receipt: \_\_\_\_\_

**1) Type of Food Service Facility:**

- Full Service     Fast Food     Limited Menu     Catered     Institutional  
 Other (describe): \_\_\_\_\_

Briefly describe types of food prepared at facility:

**\*Attach A Copy Of Your Menu**

**2) Operations:**

Seating Capacity (Indoor/Outdoor): \_\_\_\_\_ or Number of Residents/Patients: \_\_\_\_\_

Average Daily Servings: \_\_\_\_\_

Average Number of Employees: \_\_\_\_\_

Operating Hours: \_\_\_\_\_

Operating Days:     Sun     Mon     Tue     Wed     Thu     Fri     Sat

**3) Water Provider:**     City of GJ     Ute Water     Other: \_\_\_\_\_

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 grease interceptor?**     Yes     No

If yes: Interceptor Capacity: \_\_\_\_\_ gallons

Location of Interceptor: \_\_\_\_\_

Frequency of Cleaning/Pumping: \_\_\_\_\_

Contractor: \_\_\_\_\_

**7) GREASE INTERCEPTOR SIZING TABLE**

Fixture Type	Number of Fixtures	X	Flow Gal/min	=	Total Flow
<b>Kitchen Area Sinks</b>					
Single Compartment	_____	X	<b>20</b>	=	_____
Double Compartment	_____	X	<b>25</b>	=	_____
Triple Compartment	_____	X	<b>30</b>	=	_____
Mop / Clean-up	_____	X	<b>20</b>	=	_____
<b>Dishwashers</b>					
Up to 30 gallon capacity	_____	X	<b>15</b>	=	_____
30 to 50 gallon capacity	_____	X	<b>25</b>	=	_____
50 to 100 gallon capacity	_____	X	<b>40</b>	=	_____
<b>Total Surge Flow</b>				=	_____
<b>Detention Time</b>					<b>X 10</b>
<b>Required Grease Interceptor Capacity</b>				=	_____

\* Minimum approved size is 750 gallons

**8) Use of 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
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

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

**11) Facility equipped with a commercial hood and /or exhaust fan(s)?**  Yes  No

If Yes, Frequency of cleaning: \_\_\_\_\_  
 Method of cleaning: \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Disposal method: \_\_\_\_\_

**12) Attach a Site Plan, or Provide a Sketch showing:**

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

**NOTICE TO SIGNING OFFICIAL**

All food service facilities are required to complete a City Food Service Application to determine applicability of interceptor requirements and to determine proper interceptor sizing. The City requires an interceptor be installed at applicable facilities. If an interceptor is required it shall be installed at the expense of the facility owner or lessee prior to opening for business. The facility owner or lessee is responsible for determining the feasibility of the interceptor installation and for performing all engineering, plumbing and design work associated with the interceptor installation.

**1) In consideration of the granting of a discharge permit/application, the company agrees:**

- a) To furnish any additional information relating to the installation or use of the industrial sewer for which an industrial discharge permit is sought as may be requested by the City of Grand Junction.
- b) To accept and abide by all provisions of the Grand Junction City Code, Chapter 13.04 and Fats, Oils and Grease Sector Control Policy.
- c) To operate and maintain any waste pretreatment facilities, as may be required, in an efficient manner at all times, and at no expense to the City.
- d) To cooperate at all times with the City and its representatives in their inspecting, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.
- e) To notify the City immediately in the event of any accident, or other occurrence that occasions a contribution to the POTW of any wastewater or substances prohibited by City, State, or Federal law.

Mail Completed Form To:  
Industrial Pretreatment Program  
251 27 Road  
Grand Junction, CO 81503