



# TOWN OF SMITHFIELD

## PRELIMINARY WASTEWATER DISCHARGE SURVEY FOR RESTAURANT & FOOD PREPARATION ESTABLISHMENTS

Veolia Water operates the Smithfield Wastewater Treatment Facility and is contracted by the Town to manage the EPA mandated Industrial Pretreatment Program. The purpose of this program is to regulate all restaurant and food preparation establishments that discharge non-sanitary process wastewater to the Smithfield sewer collection system. Regulations developed by the Smithfield Sewer Authority have been created to ensure that there are no discharges occurring within the system that may either harm operators while working on the collection system, or impair the treatment processes at the wastewater treatment plant resulting in harmful pollutants discharging into the Woonasquatucket River and ultimately the Narragansett Bay.

To better understand your business, please answer the following questions so that Veolia Water may determine your impact to the Smithfield Sewer Collection System.

### SECTION A: GENERAL INFORMATION:

1. Company Name: \_\_\_\_\_

2. Facility Address: \_\_\_\_\_

3. Facility Mailing Address: \_\_\_\_\_

\_\_\_\_\_

4. Business Phone Number: \_\_\_\_\_

5. Does the company own or rent the facility: \_\_\_\_\_

If rented, provide the name and address of the property owner below:

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

6(a) Designate Company Organization:

Sole Proprietorship

Corporation

Partnership

**If the company organization is designated as a Corporation, then Section 6(b) must be completed.**



6(b) A Corporation under the laws of \_\_\_\_\_, composed of  
Officers as follows:

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE</u>
_____ President	_____	_____
_____ Vice President	_____	_____
_____ Secretary	_____	_____
_____ Treasurer	_____	_____

7. Name, Title and Home Address of Company Owner(s) if Sole Proprietorship or  
Partnership:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

8. List names of authorized agent to make submittals to Smithfield Pretreatment  
Program:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_



**SECTION B: FACILITY OPERATIONAL INFORMATION:**

1. Seating capacity (per Fire Department Regulation) \_\_\_\_\_

2. Seating capacity (Actual Count) \_\_\_\_\_

3. Normal Hours of Food Preparation/Service:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

4. Approximately what percentage of your weekly sales accounts for take-out only \_\_\_\_\_ %

5. Annual water consumption \_\_\_\_\_ gallons.

6. Details of kitchen fixtures:

a. Fryolators:  Yes  No How Many \_\_\_\_\_

b. Grill or Oven:  Yes  No How Many \_\_\_\_\_

c. Dishwashers:

Commercial:  Yes  No How Many \_\_\_\_\_

Domestic:  Yes  No How Many \_\_\_\_\_

d. Kitchen Sinks Number of Compartments in each: \_\_\_\_\_

e. Dinnerware Pre-rinsing:  None  Sinks  Station

f. Ice Making Machine:  Yes  No How Many \_\_\_\_\_

g. Garbage Disposal Units:  Yes  No How Many \_\_\_\_\_

h. Exhaust Hoods With Automatic Cleaning System:  Yes  No

i. Exhaust Hoods Without Automatic Cleaning System:  Yes  No

j. Grease Trap:  Yes  No How Many \_\_\_\_\_



If grease trap(s) are used:

**SECTION C: GREASE TRAP INFORMATION**

1. Manufacturers name and Model Number of Grease Trap(s):

\_\_\_\_\_

2. Size of Grease Trap(s): \_\_\_\_\_

3. Date of installation: \_\_\_\_\_

4. Estimated flow from all areas connected to the Grease Trap(s):

\_\_\_\_\_  
\_\_\_\_\_

5. Length, width, and depth of sinks connected to the Grease Trap:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. State frequency and method used in Grease Trap cleaning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide with this application / survey submittal, copies of the facility floor plan, plumbing plan and site plan. Where plans are unavailable for submission, drawings depicting the facility layout and kitchen flows, as well as a site drawing indicating the location of the grease interceptor (where applicable) will suffice.**



**SECTION D: APPLICATION 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 fines and imprisonment for knowing violations.

\_\_\_\_\_  
Name of Signing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Signing Official

\_\_\_\_\_  
Title

Please return to:

**Veolia Water  
Smithfield Industrial Pretreatment Division  
PO Box 17249  
Smithfield, RI 02917**