



Clay Township Regional Waste District Food Service Facility Mandatory Compliance Report

Phone: 317-873-0564 Fax: 317-873-0563 www.ctrwd.org

Return this form to: Clay Township Regional Waste District
Pretreatment Compliance Specialist
10701 N. College Ave, Suite A
Indianapolis, IN 46280

Section A. General Information

1. Facility Name: _____
2. Facility Physical Address: _____
City: _____ State: _____ Zip: _____ Phone # : _____
Email: _____
Business Mailing Address: (if different) _____

3. Facility Owner: _____
4. Is the owner the only signatory authority? [] Yes [] No
If no, please name all signatory authorities: _____

5. General Manager Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # : _____ Email: _____
6. Facility Manager Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # : _____ Email: _____
7. Designated Facility Contact:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # : _____ Email: _____
8. If rented, please provide:
Name of Owner or Management Company : _____
Name of Management Company contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone # : _____ Email: _____

Section B - Facility Operational Characteristics

1. Please choose one description that best describes your facility:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Bakery | <input type="checkbox"/> School |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Drive Thru (only) Restaurant | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Company Office Building |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Nursing Home/ALF | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Other: _____ | | |

Section B - Facility Operational Characteristics

2. Please indicate each item that you currently have in your facility or will be in your facility, and the quantity:

- | | | |
|--|--|--|
| <input type="checkbox"/> Grill _____ | <input type="checkbox"/> Mop Sink _____ | <input type="checkbox"/> 3 Bay Pot Sink _____ |
| <input type="checkbox"/> Oven _____ | <input type="checkbox"/> Deep Fryer _____ | <input type="checkbox"/> 2 Bay Pot Sink _____ |
| <input type="checkbox"/> Dishwasher _____ | <input type="checkbox"/> Floor Drains _____ | <input type="checkbox"/> Single Bay Sink _____ |
| <input type="checkbox"/> PreRinse Sink _____ | <input type="checkbox"/> Tilt Kettle/Crock Pot _____ | <input type="checkbox"/> Hand Sink _____ |
| | <input type="checkbox"/> Garbage Disposal _____ | <input type="checkbox"/> Other Equipment _____ |

3. What type of exhaust cleaning system do you use? Automatic Manual

4. What is the seating capacity at your facility? _____

5. (Avg.) Number of customers: _____

6. What are the days and hours of operation? Mon _____ Tues _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____

Section C - Wastewater Discharge Information

1. Please check the item which best describes your current wastewater discharge.

- Existing Sewer Discharge
- Existing Septic System
- Proposed (New) Sewer Discharge

2. Are there any charges or expansions planned in the next three years that could alter the wastewater volumes or characteristics? Yes No
 If yes, briefly describe these changes and their effects on the wastewater volume and characteristics.

Section D - Treatment

1. Do you currently have a grease interceptor (outside) or grease trap (inside)?

- Interceptor Trap
- Both None

2. Complete the following for all grease removal devices:

A. Make and Model: _____ Location: _____ Capacity of grease removal device: ____gallons	B. Make and Model: _____ Location: _____ Capacity of grease removal device: ____gallons
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3. If the **INDOOR** grease trap is being maintained on site, how do you dispose of the waste after cleaning the trap?

- Trash
- Contractor disposes of grease
- Recycle
- Other: _____

Section D - Treatment

4. If using a contractor to clean the **INDOOR or OUTDOOR** grease removal device(s), please list the following:

Contractor Name: _____ Contractor Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Phone # : _____ Phone # : _____
 Main Contact's Name: _____ Main Contact's Name: _____

5. Are there any additives used in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, etc.)?
 Yes No

If yes, please complete the following table and attach a MSDS sheet for each product:

Location	Additive Name	Additive Frequency

Section E - Recycling

1. Do you or will you recycle the grease produced at your facility? Yes No
 If yes, which company or companies recycles your grease or will recycle your grease?

2. Is there a recycling container on-site? Yes No
 If yes, how many recycling containers are on-site and where are they located?

3. What pollution prevention measures have been implemented? For example, Best Management Practices (BMP).

By signing this Compliance Report you are certifying the accuracy of the material provided. You are also certifying that you have the authority to be a signee for this facility.

Printed Name: _____ Signature: _____

Date: _____