



**PRETREATMENT PROGRAM  
OFFICIAL SURVEY REPORT  
FOR SPECIFIC CATEGORIES:**

**SUPERMARKETS**

FACILITY NAME	PHONE	FAX
FACILITY ADDRESS	CITY	ZIP CODE
RESPONSIBLE PARTY	PHONE	FAX
RESPONSIBLE PARTY ADDRESS (Put "same" if same as above)	CITY	ZIP CODE

TOTAL NUMBER OF EMPLOYEES: Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_  
(All Shifts, including Management)

DAYS OF AND HOURS OF OPERATION: \_\_\_\_\_

Services Offered:

- |  |  |
|--|--|
| <input type="checkbox"/> Meat Department | <input type="checkbox"/> Service Deli                |
| <input type="checkbox"/> Bakery          | <input type="checkbox"/> Snack Bar                   |
| <input type="checkbox"/> Coffee Shop     | <input type="checkbox"/> 1 Hour Photo Processing     |
| <input type="checkbox"/> Produce         | <input type="checkbox"/> Frozen / Refrigerated Foods |

Estimate of Waste Discharge

Please provide an estimate of the quantity wastewater discharge to the sewer in gallons per day. Please attach a copy of the calculations and an explanation of the calculation method.

Quantity of Wastewater Discharges to the Sewer \_\_\_\_\_ Gallons per Day

**A. EQUIPMENT**

1. DISHWASHER:  Yes  No If Yes, give Specifications for Unit.  
Gallons per Cycle \_\_\_\_\_ Cycles Per Day \_\_\_\_\_

2. NUMBER AND TYPE OF SINKS AND FLOOR DRAINS (Other than Restrooms):

Floor Sinks  Food Preparation Sinks  Hand Sinks  
 3 Compartment Sinks  Floor Drains  Other \_\_\_\_\_

3. NUMBER OF GARBAGE GRINDERS: \_\_\_\_\_  
HORSEPOWER RATING FOR EACH: \_\_\_\_\_

4. NUMBER OF ICE MACHINES: \_\_\_\_\_  
POUNDS OF ICE PRODUCED PER DAY: \_\_\_\_\_

5. DEEP FRYERS:  Yes  No If Yes, give Interior Tank Dimensions: \_\_\_\_\_

6. HOT GRILLS:  Yes  No If Yes, give Surface Area Dimensions: \_\_\_\_\_

7. BROILERS:  Yes  No

8. ROTISSERIES:  Yes  No

9. MICROWAVES:  Yes  No

10. If Yes, to #5, 6, 7, or 8, Describe Grease Disposal Method:

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

**B. SOFTWATER**

1. ION EXCHANGE RESIN TANK SERVICE:  Yes  No If Yes, Give Vendor's Name and Address:

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

**C. SPACE COOLING**

1. AIR CONDITIONING:  Yes  No

2. EVAPORATIVE COOLING:  Yes  No If Yes, give Tonnage Rating of all Units:

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

**D. GREASE INTERCEPTOR**

IS A GREASE INTERCEPTOR PROPOSED FOR THE FACILITY  YES  NO

PROPOSED GREASE INTERCEPTOR SIZE: \_\_\_\_\_ GALLONS Please attach the calculation of the grease interceptor size to this form. Please also include a description of the calculation method used.

WHAT FREQUENCY OF CLEANING THE INTERCEPTOR IS PROPOSED: EVERY \_\_\_\_\_ MONTHS. NAME OF CONTRACTOR TO BE USED FOR INTERCEPTOR CLEANING:

**E. MENU**

1. ATTACH A COMPLETE MENU
2. IF MEATS, FISH, POULTRY OR PROCESSED MEATS ARE USED, INDICATE WHETHER IT IS DELIVERED:  
PRE-COOKED \_\_\_\_\_  
PREPARED AND COOKED ON SITE: \_\_\_\_\_

**F. MEAT-CUTTING**

1. POUNDS OF MEAT CUT PER DAY: \_\_\_\_\_ Pounds
2. METHODS OF CLEANING AND DISPOSAL OF MEAT-CUTTING WASTES:

\*\*\*Submit application and complete set of plumbing blueprints and building layout blueprints to:

Jurupa Community Services District  
11201 Harrel Street  
Jurupa Valley, CA 91752  
(951) 685-7434 FAX (951) 685-1153

**I CERTIFY UNDER THE PENALTY OF PERJURY THAT ALL THE FOREGOING STATEMENTS, FACTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

BY: \_\_\_\_\_ (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_ (Date)