

**Food/Beverage Packaging,
Processing, or Production**

This supplemental information checklist must be completed and uploaded with any required documents when submitting a Minor or Significant Industrial User Pretreatment Review Application. Complete, sign, then submit this form and any supplemental information or documents to:

<https://palsonline.co.pierce.wa.us/palsonline/#/dashboard>. All documents must be uploaded in PDF format.

Use this form if:

1. You are proposing to package, process, or produce food and/or beverages on the premises (e.g., soft drink/water bottlers, coffee roasters, centralized school kitchens, bakeries, breweries), **AND**
2. The building is, or will be, connected to Pierce County Sanitary Sewers, **AND**
3. The business/commercial facility is designated as a Minor Industrial User or a Significant Industrial User (see the [Handout H1, What Type of Industrial User Are You?](#)).

A. Information to be Shown on Floor Plan, Plumbing Plan, and Commercial Site Map

1. **Floor Plan.** See [Bulletin B4](#). Additionally, show and label fixtures and equipment in kitchen, food prep, and clean-up areas, and all seating/tables.
2. **Plumbing Plan.** See [Bulletin B4](#). Additionally, if the business will be connected to a grease interceptor, show which fixtures and floor drains will be routed to the grease interceptor and which will be routed to the domestic waste line .
3. **Commercial Site Map.** See [Bulletin B24](#). Additionally, show any existing or proposed grease interceptors.

B. Kitchen and Cooking Practices

1. Submit a copy of your product list.
2. What ingredients with fats, oils, and/or grease (beef, chicken, butter, oil, cream, etc.) will you use in your recipes?

3. Are you cooking any food on the premises? Yes No

If you answered "Yes", what type of cooking methods will you use? (Check all that apply):

- Baking Broiling Frying Stir-frying Boiling Barbequing
 Steaming Grilling
 Other _____

If you answered "No", how are you preparing, packaging, and/or processing your food and beverage products? Provide a detailed description of each process.

4. What cooking equipment will you have on the premises? (Check all that apply):

- Oven Range Grill Fryer Wok
 B-B-Q/Smoker Steamer Type 1 Hood Type 2 Hood
 Other _____

C. Hours of Operation

	Shift 1	Shift 2*	Shift 3*	Close
Sunday:	____:____	____:____	____:____	____:____
Monday:	____:____	____:____	____:____	____:____
Tuesday:	____:____	____:____	____:____	____:____
Wednesday:	____:____	____:____	____:____	____:____
Thursday:	____:____	____:____	____:____	____:____
Friday:	____:____	____:____	____:____	____:____
Saturday:	____:____	____:____	____:____	____:____

* If your business only has one shift, leave the second and third columns blank.

D. Food Service Practices

1. Will you have any food service such as a tasting room or a dining area for retail customers? Yes No

If "Yes", how many seats? _____ dining room + _____ outdoor + _____ bar = _____ total seating

a. Will you be using disposable utensils and cutlery? Yes No

b. Will you be using disposable plates and/or bowls? Yes No

c. Will you be using reusable plates, bowls, utensils, cutlery, trays, or baskets? Yes No

2. Meals per peak hour: _____

E. Cleaning

1. Submit a detailed description of your clean up practices.

2. Does your facility have floor drains? Yes No

3. Will you be cleaning cooking trays, sheets, and/or food prep bowls, pans, etc.? Yes No

4. Will you be using a commercial dishwasher? Yes No

5. Will you be using a residential-grade dishwasher? Yes No

6. Will waste food or ingredients be discharged to the sewer system
(e.g., excess flour cleaned up off the floors with mops and discharged through the floor drains or mop sinks)?
Yes No

F. Solid Waste

Will you be recycling/disposing of used grease and or oils? Yes No

If "Yes", submit a copy of an agreement between the owner/operator and a service company to remove/recycle grease and oils

G. Grease Removal

Is there an existing grease interceptor already connected to the tenant space/business? Yes No

If "Yes", submit an engineering report prepared by a Registered Professional Engineer verifying that the existing grease interceptor is adequate to serve your business. Also, submit any available pumping and/or maintenance receipts or reports.

If "Yes", submit a copy of a maintenance agreement between the owner/operator and a commercial disposal or septic tank cleaning service to provide periodic cleaning and pumping of the grease interceptor.

If "No", are you proposing to install a new grease interceptor? Yes No

H. Biochemical Oxygen Demand (BOD) And Total Suspended Solids (TSS)

1. Will your wastewater discharge exceed the allowable BOD level (225 mg/l)? *
Yes No I don't Know

If "Yes", what will be the estimated BOD level? _____ mg/l

2. Will your wastewater discharge exceed the allowable TSS level (225 mg/l)? Yes No I don't Know

If "Yes", what will be the estimated TSS level? _____ mg/l

*You may be required to submit independent testing data to verify your answers.

I. Laundry

1. Are you using clothes washing machines on the premises? Yes No

If you answered "No", skip the rest of this section.

If you answered "Yes", lint traps must be installed. Enter the number of each type of washing machine being used and then choose the appropriate lint trap models below:

a. _____ Residential Grade Washing Machine(s). Show location(s) on plumbing plan.

i. _____ Lint-LUV-R* Lint Trap(s). Show location(s) on floor plan.

ii. _____ Filtrol-160* Lint Trap(s). Show location(s) on floor plan.

iii. _____ Other Lint Trap(s). Show location(s) on plumbing plan and submit a catalog cut sheets (i.e., manufacturer's product literature) and supporting sizing criteria and calculations.

b. _____ Commercial Grade Washing Machine(s). Show location(s) on floor plan.

i. _____ Zurn Z-1185* Lint Interceptor(s). Show location(s) on plumbing plan.

ii. _____ Jay R Smith 8910* Lint Interceptor(s). Show location(s) on plumbing plan.

iii. _____ Other Lint Trap(s). Show location(s) on plumbing plan and submit catalog cut sheets (i.e., manufacturer's product literature) and supporting sizing criteria and calculations.

*** Pre-approved models. Catalog cut sheets are not required.**

J. Affidavit

As the Applicant, I/we hereby state that all the information provided herein and stated above is true and correct.

I/We further state that we are either the legal owner of the property described above, an authorized agent of the owner, or a tenant that has entered into a lease agreement with the property owner to operate the business and/or facility described herein on the owner's property.

I/We further state that:

Initial Here

- a. ____ Our business will not install/use garbage grinder/disposal units, **AND**
- b. ____ All waste food, including coffee grounds, will be disposed to solid waste; not into the sanitary sewer, **AND**
- c. ____ Our business will not discharge wash water/chemicals used to clean a ceiling, ceiling vent, and/or hoods.

Applicant's Signature

Date

Applicant's Name (Printed)

Title

Company Name (Printed)

Note: The Applicant must be the property owner or tenant/business owner. Engineers, architects, contractors, or other agents of the Applicant are not allowed to sign this form without submittal of documented approval from the Applicant.