



**Lakehaven**  
WATER & SEWER DISTRICT

3203 SW Dash Point Road • Federal Way, WA 98023-2340  
253-945-1952 Direct • 253-261-1738 Cell • [www.lakehaven.org](http://www.lakehaven.org)

## Pretreatment Report for Food Facility Establishments

The purpose of this Pretreatment Report is to obtain complete and accurate information about the company/business that is or will be connected to the Lakehaven Water & Sewer District's sanitary sewer system. Please note the signatory requirement in Section VI on the bottom of page six and refer carefully to the respective instructions below.

### **Section I: IDENTIFYING INFORMATION To Be Completed By All Surveyed Businesses.**

**Company/Business name, Facility Mailing Address, City, State, and Zip Code, Facility Site Address, City, Zip Code; Contact Official, Title, Email**

Information here should indicate the company/business, which will actually be performing business and responsible for the wastewater discharge upon connection to the sanitary sewer system.

**Legal business name and actual site address are required for report to be accepted as complete.**

### **Section II: BUSINESS COOKING PRACTICES includes part A, B and C**

Check all of the general category items that apply to your cooking practices.

**Part C #1:** Provide a Narrative Description for your Disposal Methods.

**Part C #7A:** If you indicate that your facility does not have a Gravity Grease Interceptor or Hydro mechanical Grease Trap, please continue to Section VI and VII

**Part C #7B:** If you indicate that your facility has a Gravity Grease Interceptor or Hydro mechanical Grease Trap, please continue with Section III, IV, V, VI, VII, & VIII

**Gravity Grease Interceptor (GGI):** Typically size 500 to 5000 gallons and installed outdoors.

**Hydro mechanical Grease Trap (HMGT):** Typically installed indoors and connected to one to four sinks in the kitchen

### **Section III: SERVICE PROVIDER INFORMATION**

For established businesses, indicate who your current service provider is.

For new businesses, you are required to obtain a contract with an approved professional service provider, indicate who your future service provider will be.

### **Section IV: REQUIRED ATTACHMENTS**

Existing customers, attach your current and prior 2 years of service records. The minimum information that we require on your service reports are: Date of Service, FOG Inches (Solids & Sludge Inches), plus Interceptor/Trap condition ie: Working Properly, Missing baffles or Stand Pipes, Missing Gaskets etc.

**Attachments:** When returning this form, please include your current and prior 2 years of maintenance reports. **Note: We will accept these service report emailed to us from your service provider.**

Business shall maintain at the facility records of all monitoring information, including maintenance records and all original recordings for continuous monitoring information, copies of all reports required by Lakehaven, and maintenance records on all pretreatment devices for a period of at least three (3) years. This period of retention shall be extended during the course of any unresolved litigation regarding the discharge of pollutants by your facility or when requested by Lakehaven. Such maintenance records shall clearly specify the frequency and type of maintenance recommended by the manufacturer of said devices and shall show the frequency and type of maintenance performed to include, but not be limited to, date of service, gallons/amount of waste removed, and a summary of the visual inspection made at the time of service. Records and reports subject to these retention requirements shall be available to Lakehaven for review and inspection at any reasonable time. In addition to onsite retention of monitoring records, a copy of your service providers work completion report shall be emailed to: [jcastanza@lakehaven.org](mailto:jcastanza@lakehaven.org) or [chanson@lakehaven.org](mailto:chanson@lakehaven.org) within 15 days of service.

**Section V: PRETREATMENT DEVICE INFORMATION**

To be completed by those facilities that indicate a Gravity Grease Interceptor, Hydro mechanical Grease Trap or a Solids Interceptor is on-site

- ✓ Provide the Grease Trap Specifications and Permitting documents

**Section VI: COMPLIANCE CERTIFICATION** to be completed by all surveyed businesses.

***The Compliance Certification must be signed by the Authorized or Duly Authorized Representative for the business.***

**Section VII: FOG DISCHARGER CATEGORY** to be completed by all surveyed businesses.

- ✓ Please include the name of your business
- ✓ Check mark all of the items listed, that you will find in your facility, note the devices connected to a grease trap.

**Important note to all businesses: What happens if I do not fill out this report?**

When the District finds that a user has not complied with reporting requirements or with any provision of the District's Sewer Use Rules the District may require your facility to install an appropriately sized pretreatment device, fine such user in an amount not to exceed \$5,000 per incidence of noncompliance per day, and/or shut off the water service to the business.



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**Pretreatment Report for  
Food Facilities with or without  
Fats, Oils and Grease Interceptors**

In accordance with federal and local law (Title 40 of the Code of Federal Regulations and Section 5 of Lakehaven Water and Sewer Districts Sewer Use Rules), <https://www.lakehaven.org/DocumentCenter/View/1312/Sewer-Use-Rules-July-2006-PDF>, this form must be completed and returned within **15 days** to the following address:

Pretreatment Section  
Lakehaven Water and Sewer District  
3203 SW Dash Point Road  
Federal Way, WA 98023-2340

**Section I: IDENTIFYING INFORMATION**

<b>Business Name</b>	<b>WA State UBI#</b>	<b>Parcel #</b>
<small>Name (legal name of company or entity)</small>	<small>Uniform Business Licenses</small>	<small>number assigned to parcels of real property</small>

<b>Facility Physical Address</b>			<b>Business Mailing Address (if same, check here: <input type="checkbox"/>)</b>		
<small>Street Address (including building and/or suite ID)</small>			<small>Mailing Address</small>		
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<b>Business Contact Info (Include Business E-Mail address)</b>	
<small>Contact Name</small>	<small>Primary Phone</small>
<small>Primary Contact E-mail Address (Required)</small>	<small>Business Contact E-mail Address (Required)</small>

<b>Property Manager Contact Information (Required)</b>			
<small>Business Name</small>		<small>Property Manager Name</small>	
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Contact E-mail Address (Required)</small>

<b>Business Operating Days:</b>	
Circle or Check days of operation: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
<b>Seating Capacity</b>	_____
1. Average Number of Meals per Day (NMD) or 2. Customers Served per Day (CSD)	NMD _____ CSD _____
3. Average Number of Meals Sold During Peak Hours	_____

## Section II: BUSINESS COOKING PRACTICES

Mark the appropriate Box(s)

Do you use any of the following liquid oils in your food preparations?

<input type="checkbox"/> Olive	<input type="checkbox"/> Coconut	<input type="checkbox"/> Avocado	<input type="checkbox"/> Hemp	<input type="checkbox"/> Flaxseed
<input type="checkbox"/> Peanut	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Sunflower	<input type="checkbox"/> Palm	<input type="checkbox"/> Grapeseed
<input type="checkbox"/> Canola	<input type="checkbox"/> Sesame	<input type="checkbox"/> Corn	<input type="checkbox"/> Safflower	<input type="checkbox"/> Soybean

Do you use any of the following solid cooking fat in your food preparations?

<input type="checkbox"/> Beef Fat (Tallow)	<input type="checkbox"/> Butter or Margarines	<input type="checkbox"/> Shortening	<input type="checkbox"/> Lard
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How much cooking oil or solid cooking fat do you use per month?

<input type="checkbox"/> ____ Gallon(s)	OR	<input type="checkbox"/> ____ Container(s) 1=35 pounds
<input type="checkbox"/> ____ Pounds Solid Tallow		<input type="checkbox"/> ____ Pounds Butter/Margarines/Shortening

### Questions Part A

1. Do you have an Espresso / Cappuccino Machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a Deep Fryer (Fryolator)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you light fry or sauté any foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a Wok Range?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a Flat Top / Griddle(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have or use a Kettle or Braising Pan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a Rotisserie(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you create sauces or dressings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does this facility use dairy products? Milk, Cheeses, Yogurts	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Questions Part B

1. Are ice cream products manufactured at this facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you serve frozen or soft dairy desserts or drinks, specialty dairy-containing dairy, ice creams, sorbets, parfaits, frappes, lattes, yogurts, smoothies and/or shakes? (If yes answer # 3-6, if no skip to Part C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you only *directly* serve the applicable item(s) that has been prepackaged/prepared elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
**"directly" means the applicable item is completely pre-packaged for direct sale (no handling) OR applicable product is physically scooped from a pre-packaged container to the cone or container	
4. Are the applicable items consumed on a disposable plate, cup or container (or napkin) and/or taken to go and are the potential utensils issued to the consumer disposable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you prepare any of the applicable items above using mechanical or mining devices (such as blenders, soft ice cream makers, milk shake makers, cappuccino machines, etc.) that require cleaning and sanitizing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you hand wash any pans, dishes containers and/or utensils from the applicable items on a daily basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Questions Part C**

1. Where are leftover, expired, defective, mistakenly-made or otherwise extra unsaleable applicable items disposed of, specifically (list all methods) and describe frequency and quantity of disposal:	
2. Do you have an Exhaust / Vapor Hood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever called a plumber to unplug your side sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does this facility recycle fry oil/grease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A. Do you have a mobile food truck business? If yes, please identify the location where the holding tank contents are disposed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B. Is your business a commissary for any other food truck	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I have completed the FOG Categorization form on the reverse side of this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your facility have a Hydro mechanical Grease Trap or a Gravity Grease Interceptor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7A. If no, please continue with Section VI and VII	
7B. If yes, please continue with Sections III , IV , V, VI, VII, and VIII	

**Section III: SERVICE PROVIDER INFORMATION**  
Check Mark the appropriate Box(s)

1. Name of Hydro mechanical Grease Trap or Gravity Grease Interceptor Service Provider:				
<input type="checkbox"/> Baker	<input type="checkbox"/> West Coast	<input type="checkbox"/> Flohawks	<input type="checkbox"/> AAdvanced Septic	
<input type="checkbox"/> S&S Hydro	<input type="checkbox"/> LES	<input type="checkbox"/> Drain Pro (LDL)	<input type="checkbox"/> Jacob	
<input type="checkbox"/> Emerald	<input type="checkbox"/> Evergreen	<input type="checkbox"/> SeQuential	<input type="checkbox"/> Commercial Building Services	
2. What is the established cleaning frequency for your facilities <u>grease trap</u> or <u>interceptor</u> ? All service durations will need to be approved by Lakehaven				
<input type="checkbox"/> Daily (HMGT)	<input type="checkbox"/> 7 Days (HMGT)	<input type="checkbox"/> 14 Days (HMGT)	<input type="checkbox"/> 30 Days(HMGT)	<input type="checkbox"/> 45 Days (HMGT)
<input type="checkbox"/> 60 Days (HMGT or GGI)	<input type="checkbox"/> 90 Days (HMGT or GGI)	<input type="checkbox"/> 120 Days (GGI only)	<input type="checkbox"/> 180 Days <u>Requires pre-approval (GGI only)</u>	<input type="checkbox"/> 360 Days <u>Requires pre-approval (GGI only)</u>

**Section IV: REQUIRED ATTACHMENTS**

<b>IMPORTANT! The minimum information that we require on your service reports are:</b> FOG Inches (Solids & Sludge Inches) Plus <u>Trap condition</u> ie: Working Properly, Missing baffles or Stand Pipes etc.	
I have attached our service report for the years:	2020 <input type="checkbox"/> , 2021 <input type="checkbox"/> , 2022 <input type="checkbox"/> , New FSE N/A <input type="checkbox"/>

## Section V: PRETREATMENT DEVICE INFORMATION



Is there a manufacturer's nameplate or PDI (Plumbing and Drainage Institute) emblem on your grease trap?  
 Yes , No , N/A

Who is the manufacturer of your facilities hydro mechanical grease trap?	_____ or N/A <input type="checkbox"/>
Hydro Mechanical Grease Trap Model Information.	Model Number: _____
Schier Models Only Serial Number	_____ or N/A <input type="checkbox"/>
Do you have a Solids Separator/Interceptor?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Who is the manufacturer of your facilities Solids Separator/Interceptor?	_____ or N/A <input type="checkbox"/>
Solids Separator/Interceptor Model Number.	_____ or N/A <input type="checkbox"/>
What was or is your City of Federal Way's Plumbing Permit Number?	_____ or N/A <input type="checkbox"/>
Do you have copies of your plumbing as-builts?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If you do not have a copy of your plumbing as-builts, who does?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Who approved your Pretreatment Device Installation?	_____ or N/A <input type="checkbox"/>

**Please attach a copy of the plumbing as-builts and a copy of the calculations used to determine the size of your facilities grease trap.** Lakehaven use only N/A

You can email these documents to: [jcastanza@lakehaven.org](mailto:jcastanza@lakehaven.org) or [chanson@lakehaven.org](mailto:chanson@lakehaven.org)

## Section VI: COMPLIANCE CERTIFICATION

The Authorized Representative, or Duly Authorized Representative as identified in accordance with 40 CFR 403.12(l), must sign this 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.***

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Section VII: FOG DISCHARGER CATEGORY**

FOG DISCHARGER CATEGORY

Business Name \_\_\_\_\_

**Kitchen Appliances : Check all that apply**

**Warm Only Equipment**

Warming/Holding Oven	<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	
Toaster Oven	<input type="checkbox"/>	

**Cooking Equipment**

Bread Oven	<input type="checkbox"/>	
Pizza Oven	<input type="checkbox"/>	
Combo-Oven (Convection/Steam)	<input type="checkbox"/>	
Pressure Oven	<input type="checkbox"/>	
Steamer (Any Type)	<input type="checkbox"/>	
Electric Range w/Oven	<input type="checkbox"/>	
Rotisserie Oven	<input type="checkbox"/>	
Gas Range includes Counter Top	<input type="checkbox"/>	
Food Prep Equip:	<input type="checkbox"/>	ie: Blenders, Rice Cooker, Mixers, Juicers
Food Prep Equip:	<input type="checkbox"/>	Butcher Equipment <input type="checkbox"/> , Food Processors <input type="checkbox"/>

**Cooking Equipment**

		# of Vats 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	Connected to Trap/Interceptor
Fryer	<input type="checkbox"/>		
Counter Top Griddle (Any Type)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhaust / Vapor Hood	<input type="checkbox"/>		
Gas Char Broiler	<input type="checkbox"/>		
Sandwich Grill (Any Type)	<input type="checkbox"/>		
Soup Kettle	<input type="checkbox"/>		
Stock Pot Stove	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gyro Machine/ Rotisserie	<input type="checkbox"/>		
Broil Convection Oven	<input type="checkbox"/>		
Wok Range	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Griddle(s)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Espresso / Cappuccino Machine	<input type="checkbox"/>		
Salamander (Cheese Meltier)	<input type="checkbox"/>		

**Kitchen Plumbing Fixtures**

		Number of Sinks & Floor Drains	Connected to Trap/Interceptor
Single Compartment Sink	<input type="checkbox"/>	1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double Compartment Sink	<input type="checkbox"/>	1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple Compartment Sink	<input type="checkbox"/>	1 <input type="checkbox"/> , 2 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mop or Laundry Sink	<input type="checkbox"/>	1 <input type="checkbox"/> , 2 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dishwasher	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dishware Sanitizer	<input type="checkbox"/>		
Food Disposers – <b>Not Permitted</b>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing Machine	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Drains	<input type="checkbox"/>	1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*Single service kitchen: meals served as take-out or on disposable plates/utensils only**

*Single Service Kitchen	<input type="checkbox"/>	
Full Service Kitchen	<input type="checkbox"/>	
Seating > 100		# of Seats _____
Mobile Food Truck Commissary	<input type="checkbox"/>	
We have a Mobile Food Truck	<input type="checkbox"/>	