



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

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 Hydromechanical Grease Trap, please continue to Section VI and VII.

**Part C #7B:** If you indicate that your facility has a Gravity Grease Interceptor or Hydromechanical 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.

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

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

Indicate who your current service provider is.

**Section III, #1A** – For facilities with an indoor Hydromechanical Grease Trap

If you indicate that your Hydromechanical Grease Trap is being serviced in-house please list the employee or employees responsible for cleaning your facilities grease trap.

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

Attach your current and prior two (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 (i.e.: Working Properly, Missing baffles or Stand Pipes, Missing Gaskets etc.).

**Attachments:** When returning this form, please include your current and prior two (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: GRAVITY GREASE INTERCEPTOR or HYDROMECHANICAL GREASE TRAP INFORMATION**

To be completed by those facilities that indicate a Gravity Grease Interceptor or Hydromechanical Grease Trap is on-site

Provide the Grease Trap Specifications

**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.

**Section VIII – Describe your Grease Trap Clean out Procedure**

**Request pre-approval for in-house servicing from Lakehaven Water & Sewer District**

**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.



**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 District's 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>
Name (legal name of company or entity)	Uniform Business Licenses	number assigned to parcels of real property

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

<b>Business Contact Info</b>	
Contact Name	Primary Phone
Contact E-mail Address (Required)	Secondary Phone

<b>Owner of Property where Business is Operated (if same, check here: <input type="checkbox"/>)</b>	
Name (legal name of person, company or entity)	Title or UBI (if applicable)

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

<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			
Number of Shifts:	—	Number of employees:	

## 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
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<input type="checkbox"/> Peanut	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Sunflower	<input type="checkbox"/> Palm	<input type="checkbox"/> Grapeseed
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<input type="checkbox"/> Canola	<input type="checkbox"/> Sesame	<input type="checkbox"/> Corn	<input type="checkbox"/> Safflower	<input type="checkbox"/> Soybean
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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
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<input type="checkbox"/> _____Pounds Solid Tallow	<input type="checkbox"/> _____Pounds Butter/Margarines/Shortening
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### 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
<p>***"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</p>	
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 Hydromechanical 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 Hydromechanical Grease Trap or Gravity Grease Interceptor Service Provider:				
<input type="checkbox"/> Baker	<input type="checkbox"/> Dar Pro	<input type="checkbox"/> FloHawks	<input type="checkbox"/> General BioDiesel	
<input type="checkbox"/> S&S Hydro	<input type="checkbox"/> LES	<input type="checkbox"/> Drain Pro (LDL)	<input type="checkbox"/> Encore Oils	
<input type="checkbox"/> Emerald	<input type="checkbox"/> Evergreen	<input type="checkbox"/> West Coast	<input type="checkbox"/> Commercial Building Services	
<input type="checkbox"/> In House: <a href="#">Requires Lakehaven's Pre-Approval</a>			<input type="checkbox"/> Other:	
1a. If you marked, "In House" Please list the employee(s) assigned to clean your grease trap.				
List employee(s) assigned to clean your grease trap Also, see Section VIII - <u>Describe your Grease Trap Clean out Procedure</u>				
1)				
2)				
2. What is the established cleaning frequency for your facilities grease trap or interceptor?				
<input type="checkbox"/> Daily (HMG T)	<input type="checkbox"/> 7 Days (HMG T)	<input type="checkbox"/> 14 Days (HMG T)	<input type="checkbox"/> 30 Days (HMG T)	<input type="checkbox"/> ____ Days
<input type="checkbox"/> 60 Days (GGI)	<input type="checkbox"/> 90 Days (GGI)	<input type="checkbox"/> 120 Days (GGI)	<input type="checkbox"/> 180 Days (GGI)	<input type="checkbox"/> ____ Days


## Section IV: REQUIRED ATTACHMENTS

**IMPORTANT! The minimum information that we require on your service reports are:**  
FOG Inches (Solids & Sludge Inches) Plus Trap condition i.e.: Working Properly, Missing baffles or Stand Pipes etc.

I have attached our service report for the years:                      2018 , 2019 , 2020

## Section V: GRAVITY GREASE INTERCEPTOR or HYDROMECHANICAL GREASE TRAP INFORMATION

When was your facilities grease trap or interceptor installed?  
 If exact date is unknown, what is the approx. age of your grease trap or gravity grease interceptor?                       0-5     5-10     10-20 (Yrs)

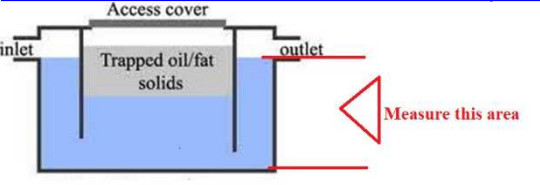
	<p style="text-align: center;">Hydromechanical Grease Trap only (HMGT) :                  Is there a manufacturer's nameplate or PDI (Plumbing and Drainage Institute) emblem on your grease trap?</p> <p style="text-align: right;">Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
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Who is the manufacturer of your facilities Hydromechanical grease trap? \_\_\_\_\_

Hydromechanical Grease Trap Information.                      Model Number \_\_\_\_\_

Do you have the grease trap owner's manual?                      Yes     No

What is the inside depth of your Grease Trap?  
Measure from the inside bottom of the trap to the bottom of the invert outlet pipe (inches)



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## 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"/>	
Food Prep Equip:	<input type="checkbox"/>	i.e.: Blenders, Rice Cooker, Mixers, Juicers

**Cooking Equipment**

Rotisserie Oven	<input type="checkbox"/>	
Gas Range includes Counter Top	<input type="checkbox"/>	
Electric Range w/Oven	<input type="checkbox"/>	
Food Prep Equip:	<input type="checkbox"/>	Butcher Equipment <input type="checkbox"/> , Food Processors <input type="checkbox"/>

**Cooking Equipment**

Fryer	<input type="checkbox"/>	# of Vats 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>	<b>Connected to Trap/Interceptor</b>
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 Melter)	<input type="checkbox"/>		

**Kitchen Plumbing Fixtures / Other Factors**

Single Compartment Sink	<input type="checkbox"/>		<b>Connected to Trap/Interceptor</b>
Double Compartment Sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple Compartment Sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mop or Laundry Sink	<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	<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"/>		<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	<input type="checkbox"/>	
Mobile Food Truck Commissary	<input type="checkbox"/>	

**Section VIII: Hydromechanical Grease Trap Clean Out Procedures**

Please list the tools that you use to clean out your facilities grease trap • • • • • • • •
How do you remove the grease (FOG) from your grease trap? _____
Where do you dispose of the grease that was removed? _____
How do you remove the water from your grease trap? _____
Where do you dispose of the water that was removed? _____
How do you remove the sludge/solid from your grease trap? _____
Where do you dispose of the sludge/solids that was removed? _____

In house Hydromechanical grease trap cleaners, you are required to:

**Contact Lakehaven Water & Sewer District’s Pretreatment Section to obtain pre-approval for in-house servicing of your facilities Hydro-mechanical Grease Trap. A Discharge Agreement may be required.**

Once per year, contact a certified grease trap cleaning company to thoroughly clean your facilities grease trap. This ensures proper operation of your trap. The service provider will inspect your grease trap to determine that all operational parts inside the trap are in good condition and installed properly.

You are responsible to adequately maintain and repair your grease trap to assure the trap will operate as designated at all times.

Regardless of who cleans the trap, Grease traps shall be cleaned according to the manufacturer’s recommended frequency (e.g. weekly, monthly) or as required by Lakehaven Water and Sewer District.

Submit your facilities Inspection Report to Lakehaven’s Pretreatment Section within 15 Days of service.

Please mail or email your report to: [jcastanza@lakehaven.org](mailto:jcastanza@lakehaven.org) or [chanson@lakehaven.org](mailto:chanson@lakehaven.org)

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