WASTEWATER DISCHARGE APPLICATION

FOOD SERVICE INDUSTRIES
SECTION A - GENERAL INFORMATION

1. Facility Name: ____________________________________________

2. Facility Address: __________________________________________
    City: __________________ Stat: _____ Zip: ______

3. Mailing Address: __________________________________________
    City: _________________ State: _____ Zip: ______

4. Designated facility contact:
    Name: __________________ ___________________
    Title: __________________ ___________________
    Phone #: __________________ ___________________

A. Is the facility contact the owner of the facility?
   Yes ____ No ____

   If No, provide name and address of the owner
   Name: __________________ ___________________
   Address: ____________________________________
   City: _________________ State: _____ Zip: ______

5. Designated Signatory Authority; For a definition of the Designated
   Signatory Authority see Section G. The Designated Signatory Authority is
   the person who is required to sign this application.
   Name: __________________ ___________________
   Title: __________________ ___________________
   Phone #: __________________ ___________________
6. Give a description of all operations at this facility:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Number of seats provided for patrons __________.

SECTION B - SEWER INFORMATION

1. For an existing business:

Is the building presently connected to the public sanitary sewer system?

___ Yes    Sanitary sewer account number: _____________________
___ No

For a new business:

(A). Type of building to be occupied?

___ New construction    ___ Tenant improvement (remodel)

(B). Have you applied for a building permit for New construction or Tenant improvement?

___ Yes    Building Permit #: ___________________
___ No

2. Attach architectural plans or drawing(s) indicating location of facility's lateral connection to City's sewer system and identify facility sample site location. The sample site would be the final cleanout upstream of facility's lateral connection to City's sewer main or at a manhole if this is where the facility's lateral connects to the City's sewer system. Also include a process flow diagram for each existing treatment system identified in Section D 2 below.

___ Attached
___ Not available

Why? _________________________________
SECTION C - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from rest-rooms to the City Sewer?
   ___ Yes   ___ No

2. Hours of operation:
   MON ________ TUE________ WED________ THU________
   FRI ________ SAT ________ SUN ________

3. Describe each process discharge you anticipate to occur. List each process discharge, maximum daily flow and type of discharge. New facilities should provide estimates.

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Maximum Daily Flow (Gallons per day)</th>
<th>Type of Discharge</th>
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<tbody>
<tr>
<td>A. 3 Compartment sink</td>
<td>_____________</td>
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<td>B. Pot sink</td>
<td>_____________</td>
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<td>C. Dishwasher</td>
<td>_____________</td>
<td>______________</td>
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<td>D. Floor drains</td>
<td>_____________</td>
<td>______________</td>
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<td>OTHERS:</td>
<td></td>
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<tr>
<td>E.</td>
<td>_____________</td>
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<td>F.</td>
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<td>G.</td>
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</table>
SECTION D – TREATMENT

1. Will your facility be washing dishes, eating utensils, prep utensils, or other oil and grease laden utensils or equipment?
   ___ Yes   ___ No - Take out only or using disposal plates and utensils.

2. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

Check all that apply

___ Dishwasher
___ Garbage disposer
___ Flow equalization
___ Grease or oil interceptor, size: _____________________gallons
___ Grease trap - _______________lb
___ Grinding filter
___ Grit removal
___ Screen
___ Mechanical interceptor, type: ________________________________
___ Biological treatment, type: ________________________________
___ Other chemical treatment, type: ________________________________
___ Other physical treatment, type: ________________________________
___ Other, type: ______________________________________

Additional comments regarding treatment systems if necessary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SECTION E - SPILL PREVENTION

1. List Manufacturer Brand Name, chemical name(s), quantity, and location of chemicals used or planned for use (attach additional list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

<table>
<thead>
<tr>
<th>Manufacturer Brand Name</th>
<th>Chemical Name</th>
<th>Chemical Quantity</th>
<th>Facility Location</th>
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2. Are any of these chemicals stored in a manner which an accidental spill could result in a discharge to the city sanitary system via floor drains or other means?

   ___ Yes   ___ No
3. Do you have chemical storage containers, bins, floor drain plugs or other accidental spill prevention devices at your facility?

___ Yes  ___ No

If Yes, please identify:

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

4. Do you have a written accidental spill prevention plan (ASPP)?

___ Yes - (Please enclose a copy with the application)  
___ No

SECTION F - NON-DISCHARGED WASTES

1. Are any waste liquids, sludges, or solids generated and not disposed of in the sanitary sewer system (i.e. grease, recycled oil, etc.)?

___ Yes, please identify below  
___ No,

<table>
<thead>
<tr>
<th>Waste Generated</th>
<th>Quantity per month</th>
<th>Disposal Method and / or waste hauler</th>
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2. Provide disposal/handling documentation for each non-discharged waste including plans, standard operating procedures, etc.
SECTION G - SIGNATORY AND CERTIFICATION REQUIREMENT

All wastewater discharge permit applications must be signed by a responsible officer or manager, or sole proprietor or general partner as applicable, or a duly authorized representative.

A. For the purpose of this section, a responsible officer or manager means:

1. A president, vice-president, secretary, or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation, or

2. the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. This authorization must be made in writing by the principal executive officer or ranking elected official and submitted to the Approval Authority prior to or together with the report being submitted of the user and contain the following certification 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.”
B. For the purpose of this section, a duly authorized representative is:

An individual designated by the responsible officer, manager, sole proprietor or general partner in writing. The written authorization must be submitted to the City and also specifies either an individual or a position having the responsibility of the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company. If an authorization in this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

CERTIFICATION:

“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.”

______________________________ _______________ _________________
Name       Title

______________________________ _______________ _________________
Telephone     Email

______________________________ _______________ _________________
Signature     Date