

GENERAL INDUSTRIAL/COMMERCIAL WASTEWATER DISCHARGE PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS (FSE)

SECTION I GENERAL INFORMATION

FOR INTERNAL USE ONLY:

NEW ___ RENEWAL ___

PERMIT NO.: _____

EXPIRATION DATE: _____

ACCOUNT #: _____

LUC: _____

A. Company Name: _____

B. Location of facility discharging wastewater (Permit Location):

Street _____ City: _____

State: _____ Zip Code: _____

Local Contact Name: _____

Title: _____ Phone #: _____

Email Address: _____

C. Correspondence Address (if different from location of facility discharging wastewater).

Street: _____ City: _____

State: _____ Zip Code: _____

Contact Name: _____

Title: _____ Phone #: _____

Email Address: _____

Do you consent to the delivery of the permit via email? Yes _____ No _____

D. Type of Food Service Establishment (fast food, full service, etc.): _____

E. Does your company own or rent the building? Own ___ Rent ___

If rented, please provide the name and address of the property owner or agent acting for the property owner:

1. Property owner's name: _____

2. Property owner's address: _____

3. Property owner's phone number: _____

- F. Organization of business (sole proprietorship, partnership, corporation)
1. If sole proprietorship, give name or owner and assumed name, if different than the answer to letter A above: _____
 2. If a partnership, give names of general partners and assumed name, if different than answer to letter A above: _____

 3. If a corporation, give state in which incorporated and the name and address of registered agent: _____

SECTION II WASTEWATER DISCHARGE INFORMATION

- A. Hours of operation, including prep and cleanup: _____
- B. Number of employees: _____
- C. Seating capacity: _____
- D. Average number of meals or customers served per day: _____
- E. Grease control and disposal information: District Ordinance requires outdoor interceptors to be pumped every 120 days or more frequently, as needed, to prevent the carryover of oil and grease into the collection system. Under the sink grease traps shall be cleaned once per month or more often, as necessary, to prevent pass through of grease and other food solids to the collection system. At no time shall the combined measured level of solids and grease layer exceed 25% of the holding capacity of the interceptor (25% rule).

Records of grease separator/interceptor maintenance are required to be kept for a period of two years at the permitted location and will be reviewed during on site inspections. If an outside service used, the shipping paper can serve as the record. If the maintenance is performed in house, then a log must be created and kept. The log must show the date of cleaning, who performed the work, and how the material from the grease trap was disposed.

Provide the following information regarding your grease control device: (This refers to the grease control device attached to the 3-compartment or other sinks. It does not refer to fryer grease disposal).

1. Separator/Interceptor Type: _____, Size: _____
2. Grease separator/interceptor cleaned by:
 - a. ___ Inside staff (using buckets or a wet/dry vacuum)
 - b. ___ Outside service (if yes, complete c below)
 - c. Grease waste hauler information:

Company name: _____

Address: _____

Phone No.: _____
3. How often is the grease separator/interceptor cleaned? _____
4. Where are the cleaning or pumping records located on site? _____

5. Describe the method of disposal for cooking oils such as those used in deep fryers: _____
6. Provide information below regarding the company that cleans or services the exhaust hoods and filters for the facility:

Name	Address	Phone No.

F. Additional comments: _____

THIS APPLICATION CAN NOT BE PROCESSED UNLESS THE CERTIFICATION STATEMENT IS SIGNED ON THE BACK OF THIS PAGE.

SECTION III
CERTIFICATION AND SIGNATURE

I/We have personally examined and are familiar with the information submitted in this application. Moreover, based on my/our inquiry of those individuals immediately responsible for obtaining the information reported herein, we believe that the submitted information is true, accurate, and complete.

As Owner/User, I also understand that should the type of food service activity change because of additions, expansions, or deletions, I am to report such changes to the Rock River Water Reclamation District – Plant Operations Department (815) 387-7633.

Signed:

Company Representative Signature

Date

Print Name

Title