



Food Service Facility Wastewater Discharge Permit Application

This application for a Food Service Facility Wastewater Discharge Permit is required by Dalton Utilities. All of the information requested allows Dalton Utilities to comply with all Federal, State, and Local Regulations concerning wastewater discharges to the sewer collection system. Please complete all questions and furnish any additional information as required. If you have any questions regarding the information requested in this document, please direct them to the Laboratory Services Manager at 706-529-1241. Please return the completed application by email or postal mail to:

pretreatment@dutil.com
Laboratory Services Manager
1200 VD Parrott Jr. Parkway
P.O. Box 869

Section I. General Facility Information

Please identify the application type: New Food Service Facility Mobile Food Vendor (Food Truck/Trailer)
 Existing Food Service Facility with a Permit Existing Food Service Facility without a Permit

Establishment Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Section II. Facility Contact Information

Local Contact Representative (located at establishment location).

Contact Name: _____ Contact Title: _____

Office: _____ Fax: _____

Mobile: _____ e-mail: _____

Corporate Contact Representative (located at corporate office).

Contact Name: _____ Contact Title: _____

Office: _____ Fax: _____

Mobile: _____ e-mail: _____

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 gathered and evaluated the information submitted. Based on my inquiry of the person(s) 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 violation.

Date: _____

Print Name: _____

Signed: _____

Section III. Operational Data

What is the seating capacity of this establishment _____

How many hours per day is this establishment open to customer _____

Is this establishment primarily a pizzeria? YES NO

Is this establishment a bakery? YES NO

If yes, is this establishment a commercial baker? YES NO

Is this establishment a butcher shop? YES NO

If yes, is meat fully cooked on site? YES NO

A butcher shop is a facility that processes animals or cuts of meat. Processing means quartering, sawing, grinding, or deboning.

Is this establishment a grocery store or supermarket? YES NO

If yes, check all that apply: Deli

Butcher Shop

Bakery

Restaurant Inside Facility

Section IV. Fixture Data

For the following section please provide the number and/or sizes for all equipment listed.

Does this facility currently have a grease trap installed? YES NO If yes, what size (gallons)? _____

Will dishware that is being used to serve food be washed at this location (plates, bowls, silverware, cups, etc.)? YES NO

Does this facility have a dishwasher or are their plans to install a dishwasher? YES NO

Number of Deep Fryers? _____

Number of Woks? _____

Total square feet of grilling surface area? _____

To calculate square footage of grilling surface area use the following formula: length (inches) x width (inches) divided by 144

Total cubic feet of oven volume? (Measure the interior volume) _____

To calculate cubic feet of oven volume use the following formula: length (inches) x width (inches) x height (inches) divided by 1,728

Does this facility have floor drains that are plumbed into or planned to be plumbed into the grease trap? YES NO

Does this facility have a mop sink or plans to install a mop sink (mop sinks must be plumbed into grease trap)? YES NO

Please list the total number of sinks that are plumbed into the grease trap for this facility below:

Number of single compartment sinks: _____ Number of double compartment sinks: _____

Number of triple compartment sinks: _____ Number of hand sinks: _____

Please list any additional cooking equipment at this facility not listed above: _____

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Is the application complete and thorough? YES NO - RETURN TO APPLICANT FOR COMPLETED APPLICATION

What is the calculated grease trap requirement (gallons)? _____ Adjusted grease trap requirement? _____