



WASTEWATER DISCHARGE
PERMIT APPLICATION
FOOD SERVICE FACILITY

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CITY OF GOSHEN
1000 W. Wilden Ave
GOSHEN, INDIANA 46528

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All sections of this permit application must be completed by an official of the firm requesting to be issued a discharge permit in order for the City of Goshen to properly process this document. Submission of pretreatment plans, process plans, Spill and Slug Control plans, water bills, etc., with this application, if indicated within as being necessary, will expedite the permit issuance process. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the City of Goshen Regulations and can subject the violator to fines and penalties. Should you require assistance in completing this document, do not hesitate to contact the City of Goshen Inspector Tom Walters at 533-9538.

THE FOG INSPECTOR REQUIRES 48 HOURS NOTICE FOR INSPECTION ON ALL GREASE INTERCEPTORS, TRAPS, AND DYE TESTING PRIOR TO OPERATION/OPENING AND HEALTH DEPT. FINAL INSPECTION.

**CITY OF GOSHEN
FOOD SERVICE FACILITY
SPECIAL USE PERMIT APPLICATION
1000 W. Wilden Ave, Goshen, IN 46528
Phone: 574-534-4102, Fax 574-534-4350**

Facility Information

Name of Facility: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Email Address (REQUIRED): _____

Mailing Address (if different): _____

Corporate Office/Business Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone from above: _____ FAX _____

Email Address: _____

Property Owner (Land)

Owner/Corp Office: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

REQUIRED Email Address: _____

Location Information

Seating Capacity: _____

Check the days per week your facility is in operation:

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |

Hours of Operation:

| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |

Type of Food Service Facility (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Food packager | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Take out Facility | <input type="checkbox"/> School Cafeteria |
| <input type="checkbox"/> Prison Cafeteria | <input type="checkbox"/> Other Cafeteria | <input type="checkbox"/> Meat Processor |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Health Care Facility | <input type="checkbox"/> Church |
| <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Bakery | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Other, specify: _____ | | |

Type (kind) of Food Served In Facility

Equipment and Serving Information

Check all that apply to your facility:

- | | |
|--|---|
| <input type="checkbox"/> Commercial Dishwasher | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> 3-bay Sink | <input type="checkbox"/> Stove/Oven |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Drive Thru |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Deep Fryer |
| <input type="checkbox"/> Meals prepared on site and served on plates washed on site. | |
| <input type="checkbox"/> Limited menu food served on plates washed on site. | |
| <input type="checkbox"/> Food served on disposable packaging. | |
| <input type="checkbox"/> Other: _____ | |

Grease Trap/Interceptor Information

(Use additional sheets if needed)

Grease Interceptor - A device **located underground and outside a food service facility** designed to collect, contain or remove food wastes and grease from the wastestream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.

Grease Trap - A device **located inside a food service facility or under a sink** designed to collect, contain or remove food wastes and grease from the wastestream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity.

| Location | Size (gallons) | Type (circle one) | Cleaning Frequency |
|----------|----------------|------------------------|--------------------|
| | | Interceptor or Trap | |
| | | Interceptor or Trap | |
| | | Interceptor or Trap | |

Trap/Interceptor Hauler Information (not fryer grease)

Name of Hauler: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Additive Information

Does your facility use any additives in the plumbing, grease interceptor or grease trap (i.e., enzymes, bacteria, etc.)?

Yes

No

If yes, please complete the following table and attach a MSDS sheet for each product.

| Location | Additive Name | Additive Frequency |
|----------|---------------|--------------------|
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