



WASTEWATER DISCHARGE
PERMIT APPLICATION
FOOD SERVICE FACILITY

CITY OF GOSHEN WASTEWATER TREATMENT PLANT
1000 W. WILDEN AVE.
GOSHEN, INDIANA 46528

Mick Reese, Environmental Compliance Administrator
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(574) 534-4102

Fax

(574) 534-4350

foginspector@goshencity.com

This permit application must be completed by an official of the firm requesting to be issued a discharge permit. Inclusion of documents indicated within this application as being necessary, including but not limited to pretreatment plans, process plans, spill and slug control plans, water bills, etc., 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 as described in the ordinance. Should you require assistance in completing this document, do not hesitate to contact the City of Goshen Environmental Compliance Administrator.

INSPECTION ON ALL GREASE INTERCEPTORS, TRAPS, AND DYE TESTING REQUIRES 48 HOURS OF NOTICE PRIOR TO OPERATION/ OPENING AND/OR HEALTH DEPARTMENT FINAL INSPECTION.

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

Facility Information

Name of Facility: _____

Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone Number: _____ FAX: _____

Email Address (REQUIRED): _____

Mailing Address (if different): _____

Corporate Office/Business Owner Information

Name of Business: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ FAX _____

Email Address: _____

IF YOU ARE APPLYING FOR A NEW FACILITY, PROCEED TO PAGE 4

APPLICATION RENEWAL ONLY

Since the last application cycle, has this facility made any changes to the following:

- | | | |
|---|------------------------------|-----------------------------|
| Seating Capacity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hours of Operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen Equipment
<i>(Fryers, Three Bay Sinks, Mop Sinks, Floor Drains, etc.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Service Practices
<i>(Onsite Food Prep, Disposable Packaging, Food Trucks, etc.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grease Handling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grease Hauler | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additive Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Was this facility deemed to be in “non-compliance” at any point in the last application cycle?

Yes

No

IF YOU ARE AN EXISTING ESTABLISHMENT UNDER THE SAME OWNERSHIP SINCE YOUR LAST APPLICATION CYCLE AND HAVE INDICATED “NO” ON ALL PRECEDING QUESTIONS, YOU MAY ADVANCE DIRECTLY TO THE AFFIDAVIT PAGE OF THIS APPLICATION. CHANGES TO THE FACILITY INDICATED WITH A “YES” MUST BE DETAILED ON THE FOLLOWING PAGES

Location Information

Seating Capacity: _____

Hours of Operation:

If not open, indicate "NA"

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Type of Food Service Facility (check one or two if applicable)

- Food Preparation Food packager Restaurant
- Fast Food Restaurant Take out Facility School Cafeteria
- Prison Cafeteria Other Cafeteria Meat Processor
- Supermarket Health Care Facility Church
- Club/Organization Bakery Hotel/Motel
- Mobile Truck
- Other, specify: _____

Type (Kind) of Food Served

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"/> Food truck(s) | |
| How many? _____ | Full Service: <input type="checkbox"/> Yes <input type="checkbox"/> No |
-

Grease Trap/Interceptor Information

(Use additional sheets if needed)

Grease Interceptors and Grease Traps are devices designed to collect, contain, or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the wastewater collection system (sewer) by gravity.

Grease Interceptor – Located underground and outside a food service facility

Grease Trap – Located inside a food service facility or under a sink

Location	Size (gallons)	Type	Cleaning Frequency
		<input type="checkbox"/> Interceptor <input type="checkbox"/> Trap	
		<input type="checkbox"/> Interceptor <input type="checkbox"/> Trap	
		<input type="checkbox"/> Interceptor <input type="checkbox"/> 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

AFFIDAVIT PAGE

NEW AND EXISTING APPLICANTS MUST SIGN

“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 fines and imprisonment for knowing violations.”

Signature: _____

Printed Name: _____

Position/Title: _____

Date: _____