

FOOD SERVICE ESTABLISHMENT DISCHARGE PERMIT APPLICATION

Unless otherwise stated, all items are to be filled out completely. If an item is not applicable, please indicate by entering "NA". **This application is for the coverage under the General Permit No. 2017-001.**

1. _____
FACILITY NAME

2. _____
MAILING ADDRESS *Street* *City* *State* *Zip*

3. _____
PREMISES ADDRESS *Street* *City* *State* *Zip*

4. FACILITY OWNER *Name:* _____

 Address (if different than above): _____

 Email: _____

 Facility Phone: _____

 Facility Fax: _____

5. _____

AUTHORIZED *Name:* _____
REPRESENTATIVE *Title:* _____
(someone the owner could _____
have represent him/her and *Email:* _____
also be physically _____
present often *Facility Phone:* _____
at the FSE.) *Facility Fax:* _____

6. FACILITY SERVICES (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Automotive Service Station | <input type="checkbox"/> Fast Food Restaurant |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Food Packager |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Food Preparation Service |
| <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Full Service Restaurant |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health Care/Nursing Home |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Cold Food /Ice Cream Shop | <input type="checkbox"/> Meat Processor |
| <input type="checkbox"/> Company/Office Building | <input type="checkbox"/> School Cafeteria |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Drive Thru/Drive In Food Service | <input type="checkbox"/> Other Service _____ |

7. TYPES OF MEALS SERVED (*Check all that apply*)

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Food Preparation Only | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Coffee/Snacks | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Breakfast | |

8. KITCHEN EQUIPMENT ON SITE (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Broasters | <input type="checkbox"/> Ovens/ Stoves |
| <input type="checkbox"/> Commercial Dishwasher | <input type="checkbox"/> Pre-Rinse Sinks |
| <input type="checkbox"/> Deep Fryers | <input type="checkbox"/> Single Bay Wash Sink |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Three Bay Wash Sink |
| <input type="checkbox"/> Fryolators | <input type="checkbox"/> Tilt Kettles |
| <input type="checkbox"/> Garbage Disposal/Grinder | <input type="checkbox"/> Two Bay Wash Sink |
| <input type="checkbox"/> Grills | <input type="checkbox"/> Woks |
| <input type="checkbox"/> Mop Sinks | <input type="checkbox"/> Other _____ |

9. CHECK ONE:

- ☐ A **grease interceptor OR grease trap** already **exists** at this facility.
Capacity in Gallons: _____
- ☐ An appropriately sized in-ground **grease interceptor will be added** to this facility. Plans will be sent to the Bureau of Water Quality for approval before installation.
- ☐ After consultation with a licensed plumber, an **under-sink grease trap will be added** to this facility to remove grease. [*Read note on following page]
- ☐ This facility has been owned and operated by the same name since prior to the ordinance written in February 2011, therefore our facility is grandfathered

All food service facilities will be required to install and operate an appropriately sized underground grease interceptor or trap. In rare instances, an alternate grease program may be considered. The Director will consider these alternate programs on a case-by-case basis. If you believe an exemption is warranted, please explain why by attaching any additional relevant information.

The Director will notify you in writing if your request for an exemption has been granted.

*Failure to control grease buildup in the Muncie Sanitary District collection system may cause this facility to be subjected to fines or be required to install additional FOG pretreatment equipment as determined by the Muncie Sanitary District's Board of Commissioners.

FACILITY OWNER/AUTHORIZED REPRESENTATIVE 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/or additional enforcement actions for knowing violations."

Signature must be a wet signature.

Printed Name of Signing Official

Title

Signature of Official

Date

Please print, sign, and return form via mail, email, or fax
Shelby Browning
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