

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. 2022-001.**

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 REPRESENTATIVE  
(someone the owner could have represent him/her and also be physically present often at the FSE.)

*Name:* \_\_\_\_\_  
  
*Title:* \_\_\_\_\_  
  
*Email:* \_\_\_\_\_  
  
*Facility Phone:* \_\_\_\_\_  
  
*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. FATS, OILS, AND GREASE CONTROL IN PLACE (check one)

An outdoor (in-ground) **grease interceptor** already **exists** at this facility.  
Capacity: \_\_\_\_\_ GAL  
Location: \_\_\_\_\_

An indoor (under-sink or in-floor) **grease trap** already **exists** at this facility.  
Capacity: \_\_\_\_\_ GPM or LBS (circle unit)  
Location: \_\_\_\_\_

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]

10. BEST MANAGEMENT PRACTICES IN PLACE (check all that apply)

- Train all kitchen staff on BMP's and about the concerns with fats, oils, and grease making its way to the sewer system.
  - Dry wiping or scraping all dishes into solid waste receptacles prior to dishwashing
  - Posting a "NO GREASE" sign above sinks and in front of dishwashers
  - Three-bay sink for dishwashing
  - If garbage disposal is present, it will not be used to collect large amounts of food waste, rather just very small remaining food particles still present after scraping.
  - Use of screens for the floor and sink drains, (mesh screens are preferred).
  - Dry cleaning of kitchen floors first, then mopping. Example; the use of a broom and dustpan, absorbent, or paper towel.
  - Store unused cooking oils and grease in properly designated areas that will minimize the chance for spillage or improper disposal.
  - Keep written record of the proper removal of grease from a grease interceptor/trap and/or grease dumpster.
  - Frequent inspections of all outside grease and waste dumpsters, ensuring covers are closed. Observe the capacity level to avoid overflow. Locate all dumpsters away from all sanitary drains, storm drains, and catch basins.
  - No outside cleaning activities or parking lot washing where waste waters can flow into sanitary drains, storm drains, or catch basins. If outside cleaning activities are necessary, water flows will be redirected away from drains to a grassy area or the drain will be temporarily blocked off, and a device such as a ShopVac will be used to collect the wastewater for proper disposal.
- Other BMP's used at this facility (attach sheets if needed):

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.

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