



CITY OF ATLANTA
DEPARTMENT OF PUBLIC WORKS
WASTEWATER SERVICES
GREASE TRAP SECTION
72 Marietta Street, 8th Floor
Atlanta, Ga. 30303
Phone 404 546-1400 Fax 404 223-3870

FOOD SERVICE
WASTEWATER DISCHARGE PERMIT APPLICATION

Inspector: _____ Basin: _____ Zone (Tile ID): _____
(Office Use Only)

Facility Information

1. Company Name: _____
 - a) Facility Name: _____
 - b) Corporate Owner: _____
2. Facility Address: Street: _____
Zip: _____ **Business License #:** _____
State or Federal Tax ID #: _____.
3. Facility Contact Name: _____
Position/Title: _____
Facility Phone: _____ Fax: _____
E-mail: _____
4. Corporate Contact: _____
Corporate Title/Position: _____
Street: _____
City: _____ State: _____ Zip: _____
Corporate Phone: _____ Fax: _____
E-mail: _____

DO NOT USE P.O. BOX

Food Service Activity

For information concerning this application, please call the Grease Section at 404 546-1400
Ver. 07.07

5. Please choose one description that best describes your facility.

- | | |
|---|---|
| <input type="checkbox"/> Fast food restaurant/722211 | <input type="checkbox"/> Supermarkets/445110 |
| <input type="checkbox"/> Full Service Restaurant/ 72210 | <input type="checkbox"/> Convenience Stores/445120 |
| <input type="checkbox"/> Meat Markets/445210 | <input type="checkbox"/> Cafeterias/ 722212 |
| <input type="checkbox"/> Fish and Seafood/445220 | <input type="checkbox"/> Snack & Non Alcoholic/722213 |
| <input type="checkbox"/> Fruits & Vegetables Markets/445230 | <input type="checkbox"/> Food Service Contractor/722310 |
| <input type="checkbox"/> Religious Institutions/ 813110 | <input type="checkbox"/> Caterers/ 722320 |
| <input type="checkbox"/> Elementary Schools/611110 | <input type="checkbox"/> Bars/Lounges/722410 |
| <input type="checkbox"/> Junior College/611210 | <input type="checkbox"/> Colleges Universities/611310 |
| <input type="checkbox"/> Business Schools/611410 | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Schools/611430 | |

*(Please attach a copy of your menu)

6. Standard Industrial Classification Codes (NAICS, refer to list above).

PRODUCT OR SERVICE	NAICS CODE	% ACTIVITY

7. Describe the wastewater generating operations. _____

9. Is the waste water discharge batch or continuous? (Circle one)

10. Is your facility open 24 hours?
 Yes No

11. Months of operation (circle) J F M A M J J A S O N D Peak months _____
 Days of operation (circle) M T W Th F S S Open on holidays? _____

12. Total number of employees _____
 Shift 1. _____ Start Time _____
 Shift 2. _____ Start Time _____
 Shift 3. _____ Start Time _____

13. Total seating capacity _____ (by fire inspector / CO).

14. Please indicate each item that you currently have in your facility and the quantity of each:

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Grill | _____ | <input type="checkbox"/> Tilt Kettle/Crock Pot | _____ |
| <input type="checkbox"/> Oven | _____ | <input type="checkbox"/> Garbage Disposal | _____ |
| <input type="checkbox"/> Dishwasher | _____ | <input type="checkbox"/> 4 Compartment Sink | _____ |
| <input type="checkbox"/> Pre rinse Sink | _____ | <input type="checkbox"/> 3 Compartment Sink | _____ |
| <input type="checkbox"/> Mop Sink | _____ | <input type="checkbox"/> 2 Compartment Sink | _____ |
| <input type="checkbox"/> Deep Fryer | _____ | <input type="checkbox"/> Hand sinks | _____ |
| <input type="checkbox"/> Floor drains | _____ | <input type="checkbox"/> Other Equipment (list) | _____ |
| | | | _____ |
| | | | _____ |

Fryer Oil Maintenance

13. Do you have fryer grease? Y / N Amount _____ gals.

14. Is there a recycling container on-site?

- Yes No

15. How is the fryer oil handled? _____

16. Fryers Grease Hauler: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Grease Trap Maintenance

17. Provide information on your Grease Trap and Fryers Grease Removal Equipment.

Location	Size (capacity) in gallons	Type (Outdoor, Indoor, Mechanical, or None)

Attach additional sheets if necessary.

18. Who services your grease traps?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Disposal Site: _____

19. Disposal site of grease removed from grease trap (Refer to Manifest for disposal info):

For information concerning this application, please call the Grease Section at 404 546-1400

Ver. 07.07

20. What is your current grease trap cleaning schedule? _____

21. Where in your facility are the manifest records kept? _____

Water Account Numbers:

22. Name as it appears on Water Bill: _____

Service Address: _____

Street: _____

City: _____ State: _____ Zip: _____

23. Billing Address (if different) _____

Street: _____

City: _____ State: _____ Zip: _____

24. List water account numbers:

#1	#4
#2	#5
#3	#6

25. Does your facility use water from another source (wells etc.)? Y / N

If yes, describe: _____

*** Attach a copy of the latest water bill for this facility.**

Provide a up to date copy of the indoor and outdoor plumbing plans, these plans should include the location of all water meters, facility sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms etc. etc.. Blue prints are acceptable; a “to scale” hand drawn copy may be acceptable in some cases.

AUTHORIZED REPRESENTATIVE STATEMENT

I, being duly authorized to sign this document, and in consideration for the granting of a Food Service Wastewater Discharge Permit, do hereby agree to allow duly authorized employees of the City of Atlanta the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photographing or testing.

Additionally, I agree to abide by all applicable provisions of Chapter 154, Article V, of the City of Atlanta Code of Ordinances.

I understand that failure to abide by the terms of this permit may be cause for disconnection of sewer service or water service to the property authorized to discharge by this permit.

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 citations or imprisonment for known violations.

SIGNATURE: _____

NAME (printed): _____

TITLE: _____

DATE: _____
