CITY HALL, 710 E. MULLAN COEUR D'ALENE, IDAHO 83814-3958 208/769-2276- FAX 208/769-2338 E-mail: jdearth@cdaid.org

WASTEWATER DISCHARGE APPLICATION

FOOD SERVICE INDUSTRIES

SECTION A - GENERAL INFORMATION

1.	Facility Name:				
2.	Facility Address:				
	City:		State:	Zip:	
3.	Mailing Address:				
	City:		State:	Zip:	
4.	Designated facility of	contact:			
	Name:				
	Title:				
	Phone #:				
	A. Is the facility cor		of the facility?		
	If No, provide na	ame and addre	ess of the owner		
	Name:				
	Address:				
	City:		State:	Zip:	
5.	Designated Signatory Authority ; For a definition of the Designated Signatory Authority see Section G . The Designated Signatory Authority is the person who is required to sign this application.				
	Name:				
	Title:				
	Phone #:				

6.	Give a description of all operations at this facility:				
7.	Number of seats provided for patrons				
SEC	CTION B - SEWER INFORMATION				
1.	For an existing business:				
	Is the building presently connected to the public sanitary sewer system?				
	Yes Sanitary sewer account number: No				
	For a new business:				
	(A). Type of building to be occupied?				
	New construction Tenant improvement (remodel)				
	(B). Have you applied for a building permit for New construction or Tenant improvement?				
	Yes Building Permit #: No				
2.	Attach architectural plans or drawing(s) indicating location of facility's lateral connection to City's sewer system and identify facility sample site location. The sample site would be the final cleanout upstream of facility's lateral connection to City's sewer main or at a manhole if this is where the facility's lateral connects to the City's sewer system. Also include a process flow diagram for each existing treatment system identified in Section D 2 below.				
	Attached Not available				
	Why?				

SECTION C - WASTEWATER DISCHARGE INFORMATION

1.	Does (or will) this f rooms to the City S		rge any wastewa	ter other than from	rest-
	Yes	No			
2.	Hours of operation:				
	MON	TUE	WED	THU	-
	FRI	SAT	SUN	_	
3.		, maximum (daily flow and	te to occur. List or ype of discharge.	
	Process Description		mum Daily Flow ons per day)	Type of Discha (Batch, Continu	_
A.	3 Compartment sin	<u> </u>			
В.	Pot sink				
C.	<u>Dishwasher</u>	_			
D.	Floor drains				
OTH	IERS:				
E.					
F.					
G.					

SECTION D – TREATMENT

1.	Will your facility be washing dishes, eating utensils, prep utensils, or other oil and grease laden utensils or equipment?
	Yes No - Take out only or using disposal plates and utensils
2.	Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).
	Check all that apply
	Dishwasher Garbage disposer Flow equalization Grease or oil interceptor, size: gallons Grease trap lb Grinding filter Grit removal Screen Mechanical interceptor, type: Biological treatment, type: Other chemical treatment, type: Other physical treatment, type:
Additi	onal comments regarding treatment systems if necessary:

SECTION E - SPILL PREVENTION

 List Manufacturer Brand Name, chemical name(s), quantity, and location of chemicals used or planned for use (attach additional list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

Manufacturer	Cham!ss!	Chara!aal	Faa::::::
Brand	Chemical Name	Chemical Quantity	Facility Location
Name	Name	Qualitity	Location
			_
	-		_
			_
			_
	-		_
			<u> </u>
			
			_
		<u> </u>	
	-		_
			
	-		_
			_
			_
2. Are any of these could result in a other means?	chemicals stored discharge to the	in a manner which city sanitary system	an accidental via floor drain
Yes	_ No		

3.	Do you have chemical storage containers, bins, floor drain plugs or other accidental spill prevention devices at your facility?				
	Yes	_ No			
	If Yes, please ide	entify:			
4.	Do you have a written accidental spill prevention plan (ASPP)?				
	Yes - (Ple	ase enclose a copy	with the application)		
SEC	TION F - NON-	DISCHARGED V	VASTES		
1.	Are any waste liquids, sludges, or solids generated and not disposed of in the sanitary sewer system (i.e. grease, recycled oil, etc.)?				
	Yes, plea No,	se identify below			
<u>Waste</u>	e Generated	Quantity per month	Disposal Method and / or waste hauler		

2. Provide disposal/handling documentation for each non-discharged waste including plans, standard operating procedures, etc.

SECTION G - SIGNATORY AND CERTIFICATION REQUIREMENT

All wastewater discharge permit applications must be signed by a responsible officer or manger, or sole proprietor or general partner as applicable, or a duly authorized representative.

- A. For the purpose of this section, a responsible officer or manager means:
 - A president, vice-president, secretary, or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation, or
 - 2. the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. This authorization must be made in writing by the principal executive officer or ranking elected official and submitted to the Approval Authority prior to or together with the report being submitted of the user and contain the following certification 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 imprisonment for knowing violations."

B. For the purpose of this section, a duly authorized representative is:

An individual designated by the responsible officer, manager, sole proprietor or general partner in writing. The written authorization must be submitted to the City and also specifies either an individual or a position having the responsibility of the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company. If an authorization in this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

CERTIFICATION:

"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 imprisonment for knowing violations."

Name	Title	
Telephone	Email	
Signature	 Date	