



# Food Service Facility Wastewater Discharge Permit Application

**Note to authorized signing official:** This application for a Food Service Facility Wastewater Discharge Permit is required by Dalton Utilities. All of the information requested allows Dalton Utilities to comply with all Federal, State, and Local Regulations concerning wastewater discharges to the sewer collection system. Please complete all questions and furnish any additional information as required. If you have any questions regarding the information requested in this document, please direct them to the Laboratory Services Manager at 706-529-1241. Please return the completed application to the following address:

Laboratory Services Manager  
1200 VD Parrott Jr. Parkway  
P.O. Box 869  
Dalton, GA 30722-0869  
706.529.1241

## Section I. General Facility Information

Establishment Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section II. Facility Contact Information

*Local Contact Representative (located at establishment location).*

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

*Corporate Contact Representative (located at corporate office).*

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

*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 gathered and evaluated the information submitted. Based on my inquiry of the person(s) 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 violation.*

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

### Section III. Operational Data

Please identify the application type:  New Food Service Facility  Existing Food Service Facility with a Permit  
 Follow-Up Application  Existing Food Service Facility without a Permit

What is the seating capacity of this establishment? \_\_\_\_\_

How many hours per day is this establishment open to customers? \_\_\_\_\_

Is this establishment primarily a pizzeria?  YES  NO

Is this establishment a bakery?  YES  NO If yes, is this establishment a commercial bakery?  YES  NO

Is this establishment a butcher shop?  YES  NO If yes, is meat fully cooked on site?  YES  NO  
*A butcher shop is a facility that processes animals or cuts of meat. Processing means quartering, sawing, grinding, or deboning.*

Is this establishment a grocery store or supermarket?  YES  NO If yes, check all that apply:  Deli  
 Butcher Shop  
 Bakery  
 Restaurant Inside Facility

### Section IV. Fixture Data

For the following section please provide the number and/or sizes for all equipment listed.

Does this facility currently have a grease trap installed?  YES  NO If yes, what size (gallons)? \_\_\_\_\_

Will dishware that is being used to serve food be washed at this location (plates, bowls, silverware, cups, etc.)?  YES  NO

Does this facility have a dishwasher or are their plans to install a dishwasher?  YES  NO

Number of Deep Fryers? \_\_\_\_\_ Number of Woks? \_\_\_\_\_

Total square feet of grilling surface area? \_\_\_\_\_  
*To calculate square footage of grilling surface area use the following formula: length (inches) x width (inches) divided by 144*

Total cubic feet of oven volume? (Measure the interior volume) \_\_\_\_\_  
*To calculate cubic feet of oven volume use the following formula: length (inches) x width (inches) x height (inches) divided by 1,728*

Does this facility have floor drains that are plumbed into or planned to be plumbed into the grease trap?  YES  NO

Does this facility have a mop sink or plans to install a mop sink (mop sinks must be plumbed into grease trap)?  YES  NO

Please list the total number of sinks that are plumbed into the grease trap for this facility below:

Number of single compartment sinks: \_\_\_\_\_ Number of double compartment sinks: \_\_\_\_\_

Number of triple compartment sinks: \_\_\_\_\_ Number of hand sinks: \_\_\_\_\_

Please list any additional cooking equipment at this facility not listed above: \_\_\_\_\_

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Is the application complete and thorough?  YES  NO - RETURN TO APPLICANT FOR COMPLETED APPLICATION

What is the calculated grease trap requirement (gallons)? \_\_\_\_\_ Adjusted grease trap requirement? \_\_\_\_\_