INSTRUCTIONS FOR COMPLETING FOOD ESTABLISHMENT'S GREASE TRAP/INTERCEPTOR DISCHARGE PERMIT APPLICATION

All questions must be answered. **DO NOT LEAVE BLANKS. If a question is not applicable, indicate so on the form.** Instructions for responding to some questions on the permit application are provided below.

SECTION A – INSTRUCTIONS (GENERAL INFORMATION)

l. Enter the facility's official or legal name. Do not use a colloquial name.

a. **Operator Name:** Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility.

b. Indicate whether the entity which operates the facility also owns it by marking the appropriate box.

a. If the response is "No", clearly indicate the operator's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

b. **Type of Food Establishment -** Mark what is applicable to your business.

c. Indicate type of ownership in the designated box. Mark what is applicable to your business.

2. Provide the physical location of the facility that is applying for a Grease Trap/Interceptor Discharge Permit.
3. Provide the mailing address where correspondence from the Pretreatment Services Division may be sent.
4. Designated signatory authority of the facility: Provide the name and address of the designated authorized signatory who has the authority to sign all reports. The designated signatory is the principal officer or manager who has the authority to make changes to operation of the establishment and who has taken the legal responsibility of all actions within the establishment. Example: Owner, Manager (if it is affiliated with a corporation, a designation letter from the corporation must be submitted with the permit application).
5. Designated Facility Contact: Provide the name, address, and position of the contact person who is familiar with the day to day operations of the establishment.

SECTION B – INSTRUCTIONS (AUTHORIZED SIGNATURES)

See instructions for Question 4 in Section A, for a definition of an authorized representative.

SECTION C – FOOD ESTABLISHMENT (BUSINESS ACTIVITY)

1. Water Sources - Mark the water source applicable to your business.
2. Account Type – Mark the account type applicable to your business.
3. Water service account number.
4. Name on water account:
   Enter customer water account number information, if you are a tenant, you must obtain this information from the property owner. (Permit applications submitted without account information **WILL NOT BE PROCESSED**)

5. If your facility has any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), please provide applicable information for business activity (check all that apply). If you have any questions regarding how to categorize your business activity, **contact Environmental Affairs for technical guidance.**

    a. Fixture - any component or fixture of a food establishment or activity that generates or has the potential to generate waste or wastewater that enters or potentially may enter the wastewater collection system, e.g., ice machines, dishwashers, coffee makers, wash sinks, mop sinks, employee hand wash sinks, mixers, washing machines, floor drains, walk in coolers, any equipment cleaning and/or washing operations, or any other component or apparatus that generates wastewater.
    b. Total Number – List the total number of components or fixtures, e.g., floor drains - 9; dishwasher – 2; mop sinks – 2, etc.

6. Daily Average Flow is calculated by using the formula below:

$$\text{Daily Average Flow} \quad \frac{\text{(Water usage in Gallons per month*) X 100}}{\text{(Number of days of actual operation per month)}}$$

OR

$$\text{Daily Average Flow} = \frac{\text{(Water usage in Gallons per month)}}{\text{(Number of days of actual operation per month)}}$$

* Sewerage & Water Board of New Orleans water bills are *tabulated in hundred*

Example:

$$\text{Daily Average Flow} = \frac{52 \times 100}{\text{(Number of days of actual operation)}} = 5{,}200 \text{ gallons per day}$$

OR

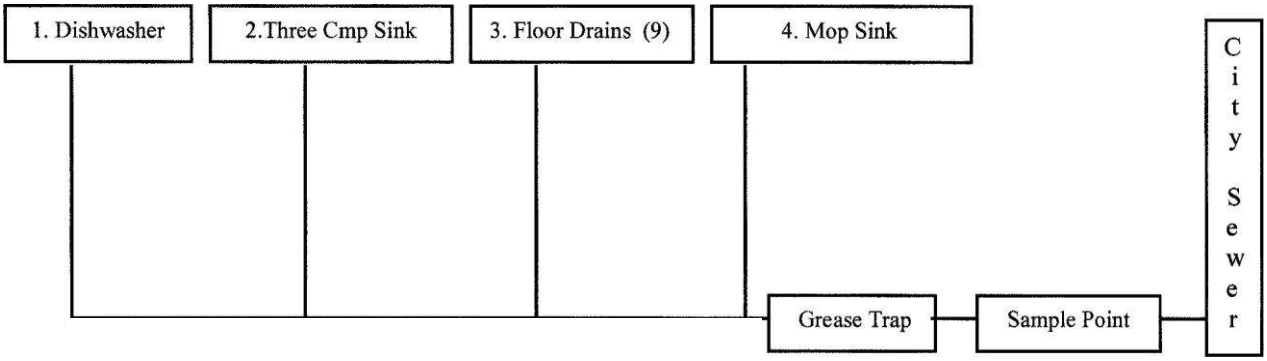
$$\text{Daily Average Flow} = \frac{\text{(5,200 Gallons) X 100}}{\text{(22 days of actual operation)}} = 236.36 \text{ gallons per day}$$

(If you provide a copy of the water bill, Environmental Affairs can assist you in calculating the total average flow in gallons/days.)

7. Provide information regarding nature of operation.
    a. Day of Week — List applicable data for each weekday.
    b. Number of Meals Served — List approximate number of meals served during the course of a routine business day.
    c. Hours of Operation – List hours the food establishment is opened on a typical business day.
    d. Hours of Discharge – Indicate number of hours the facility typically discharges for a typical business day.

SECTION D – FLOW SCHEMATIC

Schematic Flow Diagram - For each fixture activity in which wastewater is or will be generated, draw a diagram of the wastewater flow from the start of the activity to its completion. Number each fixture having wastewater discharges to the wastewater collection system. (See Example in Instructions).



SECTION E - OIL & GREASE / OTHER TREATMENT EQUIPMENT

1. Describe the size and pumping frequency and location for each oil and grease interceptor. If grease trap is being installed, plans must be signed by a Professional Engineer and approved by Sewerage and Water Board of New Orleans Plumbing Department and calculations showed to obtain recommended size.
2. This section is used to gather information for treatment other than traditional interceptor. Provide information if facility use an alternative method of treatment for removing grease. For Example: a mechanical grease trap.

   This section is used to gather information if the establishment uses biological treatment for removing grease:
   a. Type of treatment - Mark/describe what is applicable to your business.
   b. Please provide information regarding the company providing biological treatment services.
   c. List of devices with biological treatment application - Mark/describe what is applicable to your business.
   d. Frequency of application - Describe what is applicable to your business.
   e. Total amount of application - Describe what is applicable to your business.
3. Describe the location of the sample point to collect the wastewater discharge. (If sample point is not located at the establishment, make arrangements to install a sample point and provide Environmental Affairs with an expected installation date.)
4. For wastes not discharged to the city's sewer, indicate types of waste generated, quantity generated, the way in which the waste is disposed (e.g., hauled, etc.), and the location of disposal.

SECTION F – WASTE DISPOSAL

1. Please list all wastes generated that are disposed of off-site, including type, quantity per year, disposal method and location of disposal.
2. If an outside firm removes any of the above wastes, state the name(s) and address (es) of all waste haulers. (Attach additional page if needed.)
   a. Grease Trap Waste: Note that only transporters holding a valid permit issued by the Sewerage and Water Board of Environmental Department may remove material from a grease or grit trap within the City of New Orleans. You must provide company information and their New Orleans permit number.

b. Rendering Grease: A rendering grease transporter collects waste for which a permit is not normally required, e.g., cooking grease or yellow grease, discarded food material, or similar wastes. You must provide their company information.

Please send the correspondence to:

Sewerage and Water Board of New Orleans
Environmental Affairs
2900 Peoples Avenue, RM 215
New Orleans, LA 70118
Email: cwashington3@swbno.org
Phone: (504) 942-3855
Fax: (504) 942-3858

FOOD ESTABLISHMENT'S
GREASE TRAP/INTERCEPTOR DISCHARGE APPLICATION

NOTE: Please read all attached instructions prior to completing this application. Grease trap/interceptor discharge **permit fee of $200.00** [check or money order made out to Sewerage and Water Board] must be submitted with the Permit Application.

SECTION A – GENERAL INFORMATION

1.

a. Facility Name: _____

b. Operator Name: _____

c. Is the operator identified in L.A. as the owner of the property and/or building?
Yes ☐ No ☐ If no, provide the name and address of the owner of the property and/or building and submit a copy of the contract and/or other documents indicating the owner's scope of responsibility for the facility.

_____

_____

d. Type of Food Establishment:
Restaurant: ☐ Convenience Store: ☐ Bakery: ☐ Deli: ☐ Seasonal : ☐ Other: ☐ Specify Other:

_____

e. Type of Ownership:
Sole Proprietor: ☐ Partnership: ☐ General: ☐ Limited Corporation: ☐ DBA _____

2. Facility Address:
Street: _____

City: _____ State:_____ ZIP: _____

Telephone: _____ Fax: _____

3. Business Mailing Address:
Street or P. O. Box: _____

City: _____State:_____ ZIP: _____

4. Designated Authorized Signatory of facility:
[Attach similar information for each designated signatory]

Name: _____

Title: _____

Address _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

5. Designated Facility Contact:

Name: _____

Title: _____

Telephone: _____ Email: _____

SECTION B – AUTHORIZED SIGNATURES

*Designated Authorized Signatory 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 [he 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.

Business Owner's Name Title

_____ _____

*Signature Date Telephone

_____ _____

Licensed Plumber's Name Plumber's LA LMP Number

_____ _____

Signature Date Telephone

_____ _____

**The Designated Authorized Signatory is the principal officer or manager who has the authority to make change to operation of the establishment and who has taken the legal responsibility of all actions within in the establishment.*

SECTION C – FOOD ESTABLISHMENT (BUSNESS ACTIVITY)

1. Water Sources: (Check as many as are applicable)
   Private Well: ☐ Surface Water: ☐ Municipal Water Utility: ☐ (Specify City): _____
   Other: ☐ (Specify): _____

2. Account Type: Individual: ☐ Multi-tenant: ☐

3. Water service account number (s): _____

4. Name on water account: _____

5. If your facility has any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), provide applicable information for business activity. (Check all that apply).

a. Fixture	b. Total Number	a. Fixture	b. Total Number
Example: Three Compartment Sink	***1***	***Example: Tilt Skillet***	***1***
One-compartment Hand Sink		Deep Fat Fryer — total number	
Two-compartment Sink		Wok	
Three-compartment Sink		Convection or Steam Oven	
Pre-rinse Station/Scraper		Chicken Rotisserie	
Food Grinder		Mop Sink	
Garbage Disposal Unit		Floor Sink	
Pre-rinse Quick Drain		Bar, Pub, Tavern	
Vent Hood		Floor Drain	
Commercial Dishwasher		Other	
Stove Top/ Range		Other	
Soup/Steam Kettles		Other	
Tilt Skillet / Grill		Other	

6. Daily Average Flow (gallons/day) (See instructions for calculations)

7. Provide information below regarding nature of operation.

a. Day of week	b. Number of meals served	c. Hours of operation	d. Hours of discharge	f. Seating capacity total
Example: Sunday	***1200 meals***	***11 am to lam***	***14 hours***	***100***
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

SECTION D – FLOW SCHEMATIC

Schematic Flow Diagram - For each fixture activity in which wastewater is or will be generated, draw a diagram of the wastewater flow from the start of the activity to its completion. Number each fixture having wastewater discharges to the wastewater collection system. (See example in instructions).

SECTION E – OIL & GREASE/OTHER TREATMENT EQUIPMENT

(All food service establishments, existing or new, are required to install an oil & grease device / or approved alternative treatment equipment to minimize oil, grease and solids in the City's wastewater collection system, in an effort to decrease sanitary sewer overflows).

1. Is an oil & grease interceptor installed at Permittee's facility?
   a. ☐ Yes. Please describe in the table below.
   b. ☐ To be installed**; estimated installation date: _____.

   **** *This information including size, location and pumping frequency must be submitted to Pretreatment Services Division at time of permitting).***

   ☐ No. Please proceed to Item 2

Oil & Grease Interceptors	Size (Gallons)	Pumping Frequency	Location
Example	***1000 gallons***	***Once every 90 days***	***Behind the Food Establishment on the West Side***
Interceptor 1			
Interceptor 2			

2. Does facility use an alternative method of treatment for removing grease?
   ☐ Yes. Please provide a detailed description of the system: _____
   _____
   _____
   _____
   _____

   ☐ No. Proceed to Number 4

3. Does facility use biological treatment for removing grease?
   ☐ Yes. Please provide a detailed description of the system:

   a. Type of treatment: Bacteria: ☐ Solvents: ☐ Enzymes: ☐ Emulsifier: ☐ Surfactants: ☐

      Other: ☐ Specify _____

b. Please provide information regarding the firm providing alternative treatment service:

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

c. Please check the devices with biological treatment application:
Grease Trap: ☐ Sinks: ☐ Floor Drains: ☐ Other: ☐Specify: _____

d. Frequency of treatment application: _____

e. Dosage amount of treatment application: _____
☐ No. Proceed to number 4.

4. Is a sample point to collect wastewater discharge present at permittee's facility?
☐ Yes. Please describe the location: _____

_____

☐ To be installed***; estimated installation date: _____

***(Installed sample point location descreption must be submitted to Enviornmental Affairs prior to opening the establishment for business activity).*

SECTION F – WASTE DISPOSAL

l. Please list all waste generated that is disposed of at an off-site location.

Type of Waste Generated	Quantity (per year)	Disposal Method	Disposal Location
Example: Fryolator grease/grease trap	*1000 pounds/100 gallons*	*Reclaim/Treated*	*ABC Rendering/XYZ processing*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If an outside firm removes any of the above wastes, state the name(s) and address(es) of all waste haulers. (Attach additional page if needed).

a. Grease Trap Waste:
Transporter Name: _____ Permit Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

b. Rendering Grease Transporter

Rendering Grease Transporter Name: _____

Address: _____

City: _____ State:_____ ZIP: _____

Telephone: _____ Fax: _____

Please send correspondence to:
Sewerage and Water Board of New Orleans
Environmental Affairs
2900 Peoples Avenue, RM 215
New Orleans, LA 70122
Phone: (504) 942-3855
Fax: (504) 942-3858