



# EI DORADO IRRIGATION DISTRICT

## APPLICATION FOR WASTEWATER DISCHARGE PERMIT (FOOD SERVICE ESTABLISHMENT)

<b>Name of Facility</b>														
<b>Facility Address</b>														
<b>Name of Owner</b>							<b>Phone</b>							
<b>Name of Manager</b>							<b>Phone</b>							
<b>Mailing Address</b>														
<b>EID Account Number:</b> From water/sewer bill. May be obtained from property owner/manager if they pay the water bill										-				
<b>Property Owner/Manager Name and Phone</b>														
<b>Type of Facility</b>														
<input type="checkbox"/>	Full service restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Grocery store	<input type="checkbox"/>	Coffee shop							
<input type="checkbox"/>	Fast food restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Church/Club/Organization	<input type="checkbox"/>	Convenience store							
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing home	<input type="checkbox"/>	Other:							
<b>Seating Capacity</b>					<b>Hours of Operation:</b>		Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<b>Number of Employees</b>														
<b>Types of Cooking Fixtures (check all that apply)</b>														
<input type="checkbox"/>	Deep fryer	<input type="checkbox"/>	Wok range	<input type="checkbox"/>	Oven (only)	<input type="checkbox"/>	Toaster Oven							
<input type="checkbox"/>	Grill	<input type="checkbox"/>	Rotisserie	<input type="checkbox"/>	Tilt kettle	<input type="checkbox"/>	Other:							
<input type="checkbox"/>	Stove/Oven	<input type="checkbox"/>	Griddle	<input type="checkbox"/>	Microwave Oven	<input type="checkbox"/>	Other:							
<b>Types of Plumbing Fixtures (check all that apply)</b>														
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	1-compartment sink	<input type="checkbox"/>	3-compartment sink	<input type="checkbox"/>	Pre-wash sink							
<input type="checkbox"/>	Garbage grinder	<input type="checkbox"/>	2-compartment sink	<input type="checkbox"/>	Floor Drain(s)	<input type="checkbox"/>	Mop sink							
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:							
<b>Types of Grease Removal Device (check all that apply)</b>			<b># of units and size</b>	<b>How often inspected /cleaned</b>	<b>Serviced by</b>									
<input type="checkbox"/>	Outside Grease Interceptor				Name of Pumper/Hauler:									
<input type="checkbox"/>	Passive (manual) Grease Trap				<input type="checkbox"/>	Self	<input type="checkbox"/>	Hauler Name:						
<input type="checkbox"/>	Mechanical Grease Removal Device				<input type="checkbox"/>	Self	<input type="checkbox"/>	Hauler Name:						
<b>Do you have a Grease Barrel or Bin used to dispose and/or recycle grease?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Are there additives placed into the kitchen drains or Grease Removal Device (i.e., enzymes, bacteria, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										
Provide a copy of a plot/plumbing plan in the format described in Attachment A. If no professional drawing exists, a hand-drawn copy is acceptable. A blueprint of the facility showing the required information may also be attached. This is <b>NOT</b> required for renewal applications unless specifically requested.														
I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete.														
Owner/Authorized Representative ( <b>print</b> ):										Title:				
Signature:										Date:				

If you have any questions while completing this form, please call El Dorado Irrigation District's Environmental Division at 530.295-6867.