



City of Annapolis
Department of Public Works
 145 Gorman Street Fl 2
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

Waste@annapolis.gov • 410-263-7949 • Fax 410-263-3322 • TDD use MD Relay or 711 • www.annapolis.gov

Wastewater Discharge Pretreatment Application
Non-Residential: Food Handling Establishment

Annapolis City Code [Chapter 16.16 Article II](#) regulates the discharge of wastewater to the City's Sanitary Sewer System. All users that discharge into the City's Sanitary Sewer System are required to complete the appropriate forms. If you are deemed to be a non-residential user the information requested in this application will be used to determine the wastewater discharge permit requirements.

Directions

All required attachments shall be submitted with the application in order for the application to be considered complete. Incomplete or unsigned forms will be returned.

Mail the completed application to the office address above. Should you require assistance in completing this form, please call 410-263-7949.

General Information

Request for

- | | |
|-------------------------------------|--|
| New wastewater discharge permit | Proposed (new) discharge |
| Renewal wastewater discharge permit | Kitchen being renovated or new kitchen equipment being added |
| Existing discharge | New owner (permits are <u>not</u> transferable) |

Company name _____

Facility address _____

Trading/Restaurant name _____

Mailing address _____

Facility Representative/On-site Manager

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

Owner/Legal Representative

Enter below the name & title of the owner or authorized agent designated as the representative and signatory official who can be served with notices and is responsible for the signing of all correspondence and reports. All correspondence, including certified mail, will be sent to this representative at the mailing address listed.

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

Facility information

Type of Facility (check all that apply)

- | | | |
|-------------------|-------------------------|-----------------------|
| Bakery | Coffee shop | Hospital |
| Bar/Cocktails | Company/Office Building | Hotel/Motel/Inn |
| Cafeteria | Convenience store | Ice cream shop |
| Carry Out | Fast Food Restaurant | Nursing home |
| Caterer | Full Service Restaurant | Religious institution |
| Club/Organization | Grocery store | School/College |
| Other _____ | | |

Business size and volume

Percent of carry-out business _____ Customer seating capacity (outside) _____

Percent of dine-in business _____ Customer seating capacity (inside) _____

Total number of employees during peak season _____

Average number of meals served per day during peak season _____

Hours of operation

	Start	Stop	24 Hours	Closed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Quantity of items in facility

	Qty		Qty		Qty
Charbroiler	_____	Grill	_____	Rotisserie	_____
Deep fryer	_____	Hand sinks in kitchen area	_____	Stove	_____
Dishwasher	_____	Hotdog roller	_____	Three-compartment sink	_____
Floor drains & floor sinks	_____	Mop sink	_____	Tilt kettles/skillets	_____
Food/Garbage grinder	_____	Oven	_____	Two-compartment sink	_____
Griddle	_____	Pre-rinse sink	_____	Wok	_____

1. If your kitchen facility has fryers, grills and/or ovens, which type of exhaust cleaning system do you use to clean the filters?

Automatic cleaning system

Manual cleaning system

2. If you manually clean your exhaust hood filters, where are they cleaned?

Offsite (contractor)

Company name _____ Phone _____

Onsite (i.e. 2 compartment sink, 3 compartment sink, other)

Describe process in detail

3. Does the facility have a grease interceptor (outdoor in-ground system) Yes No

If yes, state size _____ and location _____

4. List the name and phone number of the city-licensed waste hauling company who pumps out the grease interceptor.

Company name _____ Phone _____

5. How often is your grease interceptor cleaned? _____

(The minimum is every six months. All interceptors shall be maintained at a level to meet the 100 mg/liter discharge limit). Attach a copy of the grease interceptor servicing contract to this application.

6. Does your kitchen facility have an indoor grease recovery unit (GRU) or trap? Yes No

If yes, please complete the following for each unit (use additional sheet if necessary).

Number of units _____ Manufacturer _____

Size (gallons) _____ or (pounds) _____

Automatic (requires electricity) _____ Passive (no electric power) _____

Location, i.e., under 3-compartment sink, in basement, other:

7. How often is the grease recovery device serviced? _____

Attach a copy of a valid service agreement to this application.

8. When the indoor GRU(s) or trap(s) are cleaned, how do you dispose of the waste after cleaning the cleaning the trap? Select only one.

Trash

Mixed with other grease stored on premises (i.e. fryer grease)

Contractor/Grease interceptor waste hauler disposes of grease

9. If a contractor cleans the indoor GRU or trap, please list the following:

Company name _____ Phone _____

10. If waste fats, oils and grease are stored on the premises from fryers or other sources, where is this material stored?

Describe location _____

11. Describe the location of the 4" sewer cleanout which represents the discharge from your facility

12. Do you use additives in your grease traps, floor drains, sewers lines, etc., to clean them? Yes No

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application.

Bacteria Chemicals Enzymes Other _____

13. List all chemicals and cleaning agents used or stored at the facility.

14. Estimated water usage per year (from water bill) _____

15. Where is your solid waste/refuse and/or recycling stored? (i.e. dumpster in enclosure in back parking lot or 96 gallon rolling container stored in trash room)

16. What company collects your solid waste/refuse?

Company name _____ Phone _____

17. What company collects your recyclables?

Company name _____ Phone _____

18. Volume of recyclables collected per week

Volume of container(s) _____ X # times collected/week _____ = Total Volume _____

19. Describe the method of cleaning the sidewalk area at the facility. *Note that only non-toxic, biodegradable detergents are to be used. No bleaches or degreasers are to be used. Cleaning sidewalks of other surfaces must be done so that water and chemicals are not discharged into the storm drain.*

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachment, and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe the submitted information is true, accurate and complete.

Owner or Authorized Agent (print) _____

Title _____

Signature _____ Date _____

Attachment reminder

Be sure to submit the following attachments to complete your application:

- Application Fee & Annual Fee for renewal permits. An invoice will be mailed upon application review for new facilities or facilities with new owners.
- A copy of your current menu
- A copy of the current grease interceptor servicing contract
- A copy of a current grease recovery unit (GRU) service agreement
- Material Safety Data Sheet (MSDS) for all enzymes, bacteria or chemicals used to clean grease traps, floor drains or sewer lines. (MSDS are available from the manufacturer or sales representative)

Please note that your completed application and all attachments will become a part of your permit. Make sure to keep copies.