



Wastewater Discharge **Permit Application Restaurant &** **Food Preparation** **Establishments**

What is this form and why is it necessary?

This form when completed and submitted, will request to the West Mifflin Sanitary Sewer & Stormwater Authority (WMSSSA) to issue a permit for your restaurant or food handling facility. All restaurants and food handling facilities must complete this form and return it to the West Mifflin Sanitary Sewer & Stormwater Authority, 1302 Lower Bull Run Rd., West Mifflin, PA 15122. This application will help the city determine if your establishment will require a permit. If you are eligible the WMSSSA will issue you a permit. If your facility is denied a permit the WMSSSA will inform you in writing.

How to complete and submit this form:

Please print legibly in black or blue ink or type your answers. Answer all questions unless the form specifically instructs otherwise. If a question does not apply to your facility, write “not applicable” or “N/A” and explain why it is not applicable. Attach a copy of your menu to the application and keep one copy of this completed form for your records.

Who must complete this document?

Any restaurant or food handling facility that has a kitchen for the purpose of preparing foods and conducting washing operations to clean pots pans, dishes and/or utensils. Examples of such facilities are restaurants, schools, colleges and universities, hospitals, nursing homes, clubs and organizations, office buildings with cafeterias, supermarkets, coffee shops, etc.

Send the original signed and completed form to:

E-mail: pre-treatment@wmssma.org

Or Mail To:

WMSSSA c/o Bill Welsh
1302 Lower Bull Run Road
West Mifflin, PA 15122

Please note that the discharge of restaurant or food handler’s wastewater prior to the issuance of a discharge permit is a violation of the WMSSSA’s rules and regulations and can subject the violator to an administrative penalty of up to \$10,000 per violation per day. Should you require any assistance in completing this document, do not hesitate to contact the WMSSSA personnel at 412-466-6070.

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Please print or type

1. Please choose the one description that describes the facility for which this application is being made.

- | | |
|--|--|
| <input type="checkbox"/> Fast food Restaurant | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> College/ University |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Club/organization |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Company/Office Building |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> other (please describe below) |
| | _____ |

2. Please check the item below that applies to your facility.

Existing sewer discharge Proposed discharge as of _____ (date)

3. Company Name: _____

4. **Facility Premise Address & Main Contact at Facility:**

E-mail: _____

5. **Facility Mailing Address (If different from premise address) & Main Contact at Mailing Address**

E-mail: _____

***** Please note if e-mail address is given all correspondence will be sent via e-mail except for the Certificate of Discharge which must to be posted on-site at the facility.*****

6. Business Phone Number: _____
Alternate Phone Number: _____
Fax Number: _____

7. Does this company own or rent the building? Own Rent

8. Property Owners Name: _____

9. Property Owners Address: _____

10. Designate Company Organization:
 Sole Proprietorship Corporation Partnership

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If your Company Organization is designated as a Corporation, then number 11 below must be completed, if it is designated as a partnership or sole proprietorship complete number 12.

11. A Corporation organized under the laws of _____.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

12. Name, Title and address of company owner(s) if sole proprietorship or partnership:

Name: _____ Title: _____
Address: _____
Phone: _____

Name: _____ Title: _____
Address: _____
Phone: _____

Name: _____ Title: _____
Address: _____
Phone: _____

13. Seating capacity at your place of business, please check the appropriate line:

No Seating _____ 1 to 50 _____ 51 to 100 _____ 101 – 250 _____ over 251 _____

14. Please check off each day you are open for business:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

15. Please check off the following meals that are served at your facility:

Breakfast _____ Lunch _____ Dinner _____ Snack _____

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16. Please check off each of the items below that are present in your kitchen facilities:

- | | | | |
|-----------------------|-----------|----------|------------------------|
| A. Fryolators | Yes _____ | No _____ | If yes, how many _____ |
| B. Grills | Yes _____ | No _____ | If yes, how many _____ |
| C. Ovens | Yes _____ | No _____ | If yes, how many _____ |
| D. Tilt kettles | Yes _____ | No _____ | If yes, how many _____ |
| E. Garbage grinder | Yes _____ | No _____ | If yes, how many _____ |
| F. Three bay pot sink | Yes _____ | No _____ | If yes, how many _____ |
| G. Two bay sink | Yes _____ | No _____ | If yes, how many _____ |
| H. Single bay sink | Yes _____ | No _____ | If yes, how many _____ |
| I. Prerinse sink | Yes _____ | No _____ | If yes, how many _____ |
| J. Dishwasher | Yes _____ | No _____ | If yes, how many _____ |
| K. Wok Station | Yes _____ | No _____ | If yes, how many _____ |
| L. Mop Sink | Yes _____ | No _____ | If yes, how many _____ |

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

_____ Automatic cleaning system _____ Manual cleaning system

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

_____ Offsite Contractors Name: _____
_____ Onsite (i.e. 2 bay sink, 3 bay sink, dishwasher, floor drain, outside parking lot drain, other)

Please describe in detail if onsite: _____

19. Does this facility have a grease trap?

_____ Yes _____ No

If yes, please complete Questions 20 through 25.

20. Please complete the following for each grease trap in place.

A. Manufacturer _____ size _____
 Passive _____ Automatic _____
 Indoor _____ Outdoor _____
 Location _____
 (i.e., under three bay sink, in basement, outside in-ground, other location)

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Which choice below best describes how often this grease trap is cleaned?
PLEASE CHOOSE ONE:

- Weekly
- Bi-Weekly
- Monthly

**If more than two grease traps please attach additional information on the other grease traps at the end of the application. **

21. If indoor grease trap(s) are being maintained how do you dispose of the waste after cleaning the trap?

- Mix with other grease stored on premise (i.e. fry-o-later grease, etc.)
- Contractor disposes of grease

22. If a Contractor cleans the indoor grease trap, please list the following:

Company Name _____
Business Phone Number _____

23. If fats, oils and grease are stored on the premise from fryolators or other means, where is greased stored?

- Inside building
- Outside building
**If outside oil must be properly contained in double wall container or dyked to contain 110% of volume stored.

24. If outdoor in-ground grease trap(s) is utilized list the name and telephone number of the company who pumps out trap.

Company Name _____
Business Phone Number _____

*****It is prohibited to use enzymes, bacteria, or chemicals in your grease traps, floor drains, sewer lines, etc. for routine maintenance.*****

25. Designation of Authorized Agent:

I, _____ certify that I am the _____ of _____ and that _____ is authorized to make submittals to the WMMSSA on behalf of _____ and that said submittals are duly signed for and on behalf of said corporate powers.

Corporate Seal/Authorized Agent