

Hanover Township-Lehigh County

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)

1. 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. 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.
 - c. Type of Food Establishment: Mark what is applicable to your business
 - d. Indicate type of ownership in the designated box: Mark what is applicable to your business
 - e. List legal description in the appropriate sections. Mark what is applicable to your business
 - f. Provide Building Permit Number issued by the Dept. of Development
 - g. Provide Certificate of Occupancy (CO) Permit Number issued by the Dept. of Development
 - h. Provide Authorized Occupancy Load (Listed in the Certificate of Occupancy (CO))
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, address, and **driver's license** 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 **driver's license** of the contact person who is familiar with the day to day operations of the establishment. [Please attach a copy of driver's license to permit application]

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)

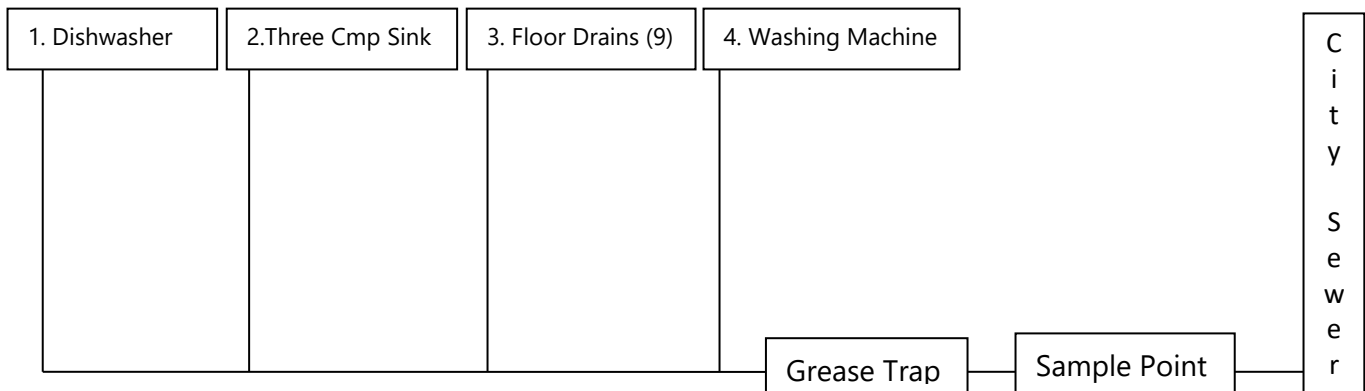
1. If your facility has any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), provide applicable information for business activity (check all that apply). If you have any questions regarding how to categorize your business activity, **contact Hanover Township 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 total number of components or fixtures, e.g., floor drains -9; dishwasher -2; mop sinks -2, etc. **For sinks, list capacity in inches (length x width x depth).**

2. 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 a routine business day.
 - c. Hours of Operation -list hours the food establishment is opened for a typical business day.
 - d. Hours of Discharge -indicate number of hours the facility typically discharges for a typical business day.
 - e. Total number of employees-list total number of employees that work at the establishment on a full-time or part-time basis, include employees from all shifts if applicable.

3. Number of meals served at peak hour – based on the total number of seats and average time per meal. Lounge and bar seating are counted at 20%.

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 for each oil and grease interceptor/trap the size and pumping/cleaning frequency and location.
2. This section is there to gather information for treatment other than traditional interceptor. Provide information if facility use an alternative method of treatment for removing grease. For Example, Big Dipper.
3. This section is there 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. Nature of 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
4. Describe the location of the Sample Basin to collect the wastewater discharge (If sample Basin is not located at the establishment, make arrangements to install a sample basin and provide Pretreatment Services with an expected installation date.)
5. For wastes not discharged to Hanover Township'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 waste generated that is disposed of off-site which should type, quality 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 DEP may remove material from a grease or grit trap inspected by and/or within the Township of Hanover Lehigh County. You must provide company information and Hanover Township permit number.
 - b. Rendering Grease: A Rendering Grease Transporter collects waste for which a permit is not normally required, e.g. cooking grease, discarded food material or similar wastes. You must provide company information.

PLEASE SEND CORRESPONDENCE TO:

Hanover Township
Attn: Joe Fragnito
2202 Grove Road
Allentown, PA 18109
Phone: 610-264-1069
Fax: 610-264-2773

Hanover Township-Lehigh County

FOOD ESTABLISHMENTS

GREASE TRAP/INTERCEPTOR DISCHARGE PERMIT/PERMIT RENEWAL APPLICATION

Note: Please read all attached instructions prior to completing this application. Grease trap/interceptor discharge permit fee of \$150.00 for a 5 Year Permit and \$200.00 for initial Inspection Fee [check or money order only] must be submitted with the permit Application. IF RENEWAL, there is no fee. (Hanover Township Lehigh County approved Ordinance No. 516, Part 9)

SECTION A - GENERAL INFORMATION

Date of application: _____ New [] Renewal []

If renewal, list date of previous application: _____

1. Facility Name: _____

a. Operator Name: _____

Email: _____

b. Is the operator identified in 1a., the owner of the facility? Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

c. Type of Food Establishment:
Restaurant: []; Conv Store: []; Bakery: []; Deli:[]; Other: [] Specify Other _____

d. Type of Ownership:
Sole Proprietor: []; Partnership: [] General [] Limited; Corporation [] DBA _____

e. Legal Property Description: Lot _____ Block _____ Addition _____

f. Building Permit Number (For New construction only issued by Hanover Township):

g. Certificate of Occupancy (CO) Permit Number -issued by Hanover Township:

h. Authorized Occupancy Load (Maximum number of persons allowed at one time):

2. Facility Address:
Street: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____

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

4. Designated signatory authority of the facility:
[Attach similar information for each designated signatory]
Name: _____
Title: _____
Address: _____
City: _____ State _____ Zip _____
Email: _____
Telephone: _____ Fax: _____
Signatory Authority's driver's license #: _____ State _____

[Must attach a copy of driver's license to back of permit application]

5. Designated Facility Contact:
Name: _____
Title: _____
Address: _____
City: _____ State _____ Zip _____
Email: _____
Telephone: _____ Fax: _____
Signatory Authority's driver's license #: _____ State _____

[Must attach a copy of driver's license to back of permit application]

SECTION B -AUTHORIZED SIGNATURES

Designated 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 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 violations.

Name(s) _____ Title _____

Signature _____ Date _____ Telephone _____

Email: _____

Name(s) _____ Title _____

Signature _____ Date _____ Telephone _____

Email: _____

SECTION C - FOOD ESTABLISHMENT (BUSINESS ACTIVITY)

1. 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
<i>Example, Three Compartment Sink</i>	1 (24 x 18 x 12)	<i>Example Tilt Skillet</i>	1
1			
One Compartment Hand Sink		Tilt Skillet / Grill	
Two Compartment Sink		Convection/Steam! Oven	
Three Compartment Sink		Chicken Rotisserie	
Pre-rinse station/Scraper		Mop Sink	
Pre-rinse quick drain		Can Wash	
Vent Hood		Floor Sink	
Commercial Dishwasher		Bar, Pub, Tavern	
Stove Top/ Wok / Range		Floor Drain	
Soup/Steam Kettles		Other	

Total Average Flow (Gallons / Day) _____ (See instructions for calculations)

2. Provide information below regarding nature of operation.

A. Day of Week	B. Number of Meals Served	C. Hours of Operation e.g. 9 am to 5 pm	D. Hours of Discharge e.g. 8 hours/day	E. Number of Employees Total	F. Seating Capacity Total
<i>Example, Sunday</i>	<i>1200 meals</i>	<i>11 am to 1 am</i>	<i>14 hours</i>	<i>20</i>	<i>100</i>
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

3. Number of meals served at peak hour - _____

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 interceptor or trap/ other treatment equipment to minimize grease in the Township's wastewater system, to decrease sanitary sewer overflows)

1. Is an oil & grease interceptor/trap installed at Permittee's facility?
 Yes, please describe below in the table
 To be installed; estimated installation date: _____
 No, Please proceed to item 2

(Installed/To be installed Grease Interceptor/Trap Information including size, location and pumping frequency must be submitted to Pretreatment Services Division)

Oil & Grease Interceptors/Traps	Size (Gallons)/GPM	Pumping/Cleaning Frequency	Location
<i>Example</i>	<i>1000 gallons</i>	<i>Once every 90 days</i>	<i>Behind the Food Establishment on the West Side</i>
Interceptor 1			
Interceptor 2			
Trap 1			
Trap 2			

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

No, continue to number 4.

3. Does facility use biological treatment for removing grease?

4. Yes, please provide a detailed description of the system:

a. Type of treatment

Bacteria Solvents Enzymes Emulsifiers Surfactants Other: Specify _____

b. Please provide information regarding firm providing alternative treatment service

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

c. Nature of application

Grease Trap Sinks Floor Drains Other: Specify: _____

d. Frequency of application: _____ +

e. Total amount of application: _____

No, continue to number 4.

5. Is a Sample Basin to collect the wastewater discharge present at Permittee's facility?

[] Yes, please describe the location: _____

[] To be installed; estimated installation date: _____

(Installed Sample Basin location description must be submitted to Pretreatment Services prior to opening the establishment for business activity)

SECTION F-WASTE DISPOSAL

1. Please list all waste generated that is disposed of off-site

Type of Waste Generated	Quantity (per year)	Disposal Method	Disposal Location
<i>Fryolator grease/ grease trap</i>	<i>1000 pounds/100 gallons</i>	<i>Reclaim/Treated</i>	<i>ABC Rendering/XYZ processing</i>

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: _____

Street: _____ Permit Number _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____

b. Rendering Grease

Rendering Grease Transporter Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____

Do Not Write Below This Line

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Date Received: _____ Fee: _____ Paid: _____

Hanover Permit # _____ Issue Date _____