



CITY OF TARPON SPRINGS, FLORIDA

Fats, Oils, and Grease Management Program

201 East Pine Street
Tarpon Springs, Florida 34689
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Commercial Wastewater Discharge Permit (CWDP) Application

New

Renewal

Article VIII of Chapter 20 of the Code of Ordinance for the City of Tarpon Springs, Section 20—101(a) provides that:

“All food service establishments and automotive related enterprises shall be required to apply for and obtain a “Commercial Wastewater Discharge Permit” (CWDP) from the City”.

Article VIII further provides that:

“It shall be a violation of this Article for any food service establishment or automotive related enterprises identified by the City to discharge wastewater containing fats, oils, and grease to the City of Tarpon Springs’ wastewater collection and transmission system without a current CWDP”.

Commercial wastewater discharge permits are issued for a period not to exceed two (2) years or at the discretion of the City of Tarpon Springs. Complete instructions for filling out this application are attached. **Please do not leave any section of this application blank; use “N/A” or “Not Applicable” for sections that do not apply to your facility.** Incomplete applications will be returned and not be considered received until complete.

New commercial wastewater discharge permits for existing connections, which are discharging wastewater to the City’s WWF and which wish to continue such discharge, shall apply for a commercial wastewater discharge permit within thirty (30) days of notification by the City of Tarpon Springs FOG Management Program staff.

New commercial wastewater discharge permit application for new connections, which are intending to commence discharging to the City’s WWF shall apply for a commercial wastewater discharge permit sixty (60) days prior to the date upon which any discharge to the sanitary sewer will begin.

Applications for commercial wastewater discharge permit renewals must be completed and submitted a minimum of thirty (30) days prior to the expiration date of the existing commercial wastewater discharge permit.

Please mail or deliver this completed application to:

City of Tarpon Springs Wastewater Treatment Facility
Attn: FOG Management Program
201 East Pine Street
Tarpon Springs, Florida 34689

If you have any questions or require assistance with the completion of the commercial wastewater discharge permit application, please refer to the attached “Instructions to Complete Commercial Wastewater Discharge Permit Application” or contact the City of Tarpon Springs FOG Management Program at (727) 942-5616.

Instructions for Completing the Commercial Wastewater Discharge Permit Application

All application questions must be answered. Please do not leave any section of the application blank; use "N/A" or "Not Applicable" for sections that do not apply to your establishment. Incomplete applications will be returned and not considered received until complete.

Section I – General Information

- (a) Establishment Name. Enter the legal or official name of the establishment. Do not use a colloquial name.
- (b) Establishment Physical Address. Provide the physical location of the establishment that is applying for a commercial wastewater discharge permit. Include the telephone number and facsimile number, if applicable, and the web site address if available.
- (c) Establishment Mailing Address. Provide the mailing address where correspondence from the City may be sent if different from (b) above. This location **MUST** be able to accept Certified Mail; P.O. Box numbers will not be accepted.
- (d) Owner of Premises. Provide the name, address, and telephone number of the property owner.
- (e) Designated Signatory Authority of Establishment. Provide all names of authorized signatories for the establishment for the purposes of signing applications, reports, etc. An authorized signatory is defined as:
 - (1) A responsible corporate officer if the establishment is submitting an application or report for a corporation, limited liability corporation, or similar entity. A responsible corporate officer shall mean:
 - a. A president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation or entity; or
 - b. The manager of one or more manufacturing, production, or operation facilities employing more than two hundred and fifty (250) persons or having gross annual sales or expenditures exceeding twenty-five (25) million dollars (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - (2) A general partner or proprietor if the establishment submitting an application or report is a partnership or sole proprietorship; a general partner or proprietor, respectively.
 - (3) A director or highest official appointed or designated to oversee the operation and performance of the activities of a governmental facility if the establishment submitting an application or report is a Federal, State, or local governmental facility.
 - (4) The individuals described in paragraphs (1) through (3) above may designate another authorized representative if:
 - a. The authorization is made in writing by the individual described in paragraph (1), (2), or (3); and
 - b. The authorization specifies either the individual or a position having responsibility for the overall operation of the establishment, such as a position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matter for the company; and
 - c. The written authorization is submitted to the City.
 - (5) If an authorization under paragraph (4) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the establishment or facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (4) of this section must be submitted to the City prior to or together with any application or report to be signed by an authorized representative.

- (f) Designated Establishment Contact. Provide the name and telephone number of a person who is thoroughly familiar with the operation of the establishment (i.e., a manager) and who can be contacted by the Control Authority. This is the person who will receive correspondence from the FOG Management Program including the Commercial Wastewater Discharge Permit (CWDP).

Section II – Water Supply Information from Utility Bill

- (a) Name as it appears on water bill. Provide the name that appears on the establishment's water bill.
- (b) Service Address. Provide the actual service address, not the billing address, if different.
- (c) Water service account number. Provide all water service account numbers and attach a copy of the most recent water bill(s) to the application.

Section III – Establishment's Operation Characteristics

- (a) Choose a description that best describes the establishment.
- (b) Indicate the number of equipment present in the food preparation, cooking, and clean-up area. If none, please indicate 0.
- (c) Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, sewer connections, grease trap(s), grease interceptor(s), and/or oil/water separator(s), sinks, floor drains, dishwashers, restrooms, etc. A blueprint of the facility showing the above items may also be attached. If a plumbing floor diagram or blueprint is not available, an evacuation route map may be substituted but must include the location of all water meters, sewer connections, grease trap(s), grease interceptor(s), and/or oil/water separator(s), sinks, floor drains, dishwashers, restrooms, etc.
- (d) Indicate what the seating capacity is at the establishment if applicable. Include patio seating as well as indoor seating.
- (e) Indicate the days and hours of operation at the establishment.

Section IV. – Wastewater Discharge Information

- (a) Indicate which wastewater discharge describes the establishment.
- (b) Indicate whether there are any changes or expansions planned at the establishment in the next two (2) years, which would alter the wastewater volume or characteristics.
- (c) If there are planned changes or expansions provide a description of the changes and their effects on the wastewater volume and/or characteristics.

Section V. – Pretreatment Device

- (a) Indicate the type of pretreatment device(s) installed at the establishment.
- (1) A **Grease Interceptor** is a device located underground and outside of a food service establishment designed to collect, contain, or remove food waste solids and grease from the wastestream while allowing the balance of the liquid waste to discharge to the City's wastewater collection and transmission system by gravity flow.
- (2) A **Grease Trap** is a device located inside a food service facility or under a sink designed to collect, contain or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the City's wastewater collection and transmission system by gravity flow.
- (3) An **Oil/water Separator** is a device designed and installed to segregate oil and water to prevent the discharge of oils to the WWF. Oil/water separators are required where oils are discharged in quantities that could hinder the operation of the WWF as determined by the City, including, but not limited to, facilities where automobiles are serviced, greased, repaired, or washed.

- (b) Provide the make and model of the current oil and grease removal device. If the make and model is not known then indicate unknown in the space provided. Please include the location and the capacity of the device. If the exact capacity is unknown then provide the best estimate as to the size of the device.
- (c) If applicable, indicate how the waste generated from cleaning the indoor grease trap is disposed of.
- (d) If applicable, provide the name, address, and telephone number of the company that cleans the device(s).
- (e) If applicable, indicate which type of exhaust cleaning system the establishment uses.
- (f) If applicable, indicate whether additives are placed in the plumbing, grease trap, grease interceptor, or oil/water separator. This shall include any chemicals, enzymes, emulsifiers, live bacteria, or other grease cutters, dissolving agents, or additives used for the purpose of oil and grease reduction.
- (g) If applicable, indicate the name of the additive as well as the location and frequency with which it is used. Attach an MSDS for each product currently in use.

Section VI. – Recycling

- (a) Indicate whether the establishment currently recycles any of the oil and/or grease produced.
- (b) Provide the name of the contracted company that removes and recycles the oil and/or grease.
- (c) Indicate whether oil and/or grease recycling containers are stored on-site.
- (d) Indicate on average how many oil and/or grease recycling containers are stored on-site.
- (e) Indicate any pollution prevention measures that have been implemented by the establishment.
- (f) Provide as brief explanation of the pollution prevention measures that have been implemented.

ATTACH A COPY OF THE ESTABLISHMENT'S MENU IF APPLICABLE.

Section VII. – Authorized Signatory

Carefully read the certification statements and sign and date the application form. Be sure to include the title of the authorized signatory and a telephone number.

Section I – General Information

(a) Establishment Name: _____

(b) Establishment Physical Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Facsimile Number: _____

Website: _____

(c) Establishment Mailing Address: (If different from (b) above) **DO NOT USE P.O. BOX**

Street: _____

City: _____ State: _____ Zip Code: _____

(d) Owner of Premises: (If different than establishment)

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

(e) Designated Signatory Authority of the Establishment: (See instructions)

Name: _____

Title: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ e-mail Address: _____

Alternate Number: _____ Facsimile Number: _____

(f) Designated Establishment Contact:

Name: _____

Title: _____

Telephone Number: _____ e-mail Address: _____

Section II. – Water Supply Information from Utility Bill

(a) Name as it appears on water bill: _____

(b) Service Address:

Street: _____

City: _____ State: _____ Zip Code: _____

(c) Water Service Account Number(s): _____

Section III. – Facility Operation Characteristics

(a) Please choose one description that best describes the establishment::

- | | |
|--|--|
| <input type="checkbox"/> Food Court | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Food Packager | <input type="checkbox"/> Assisted Congregate Living Facility |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> School |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Company/Office Building |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Vehicle and Equipment Wash |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Automotive Repair Garage |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Gasoline Station w/ grease rack |
| <input type="checkbox"/> Seafood Market | <input type="checkbox"/> Other (Specify Below) |
| <input type="checkbox"/> Lounge | _____ |

(b) Please indicate each item currently present in the establishment and the quantity of each:

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Grill | _____ | <input type="checkbox"/> Mop Sink | _____ |
| <input type="checkbox"/> Oven | _____ | <input type="checkbox"/> Per-rinse Sink | _____ |
| <input type="checkbox"/> Deep Fryer | _____ | <input type="checkbox"/> Single Bay Sink | _____ |
| <input type="checkbox"/> Tilt Kettle/Crock Pot | _____ | <input type="checkbox"/> 2 Bay Sink | _____ |
| <input type="checkbox"/> Dishwasher | _____ | <input type="checkbox"/> 3 Bay Sink | _____ |
| <input type="checkbox"/> Garbage Disposal | _____ | <input type="checkbox"/> Hand Sink | _____ |
| <input type="checkbox"/> Floor Drain | _____ | <input type="checkbox"/> Other Equipment | _____ |

(c) Provide a copy of the indoor and outdoor plumbing floor diagram, which include the location of all water meters, establishment sanitary sewer connections, grease trap(s), grease interceptor(s), or oil/water separator(s), sinks, floor drains, dishwashers, restrooms, etc.

(d) Indicate the seating capacity of establishment, if applicable: _____

(e) What are the days and hours of operation? _____

Section IV – Wastewater Discharge Information

(a) Please check the item which best describes the establishment’s current wastewater discharge:

- Existing sanitary sewer discharge
- Existing Septic System
- Proposed/new sanitary sewer discharge

(b) Are there any changes or expansions planned within the next two (2) years that could alter the volume or characteristics of the wastewater discharged?

- Yes
- No

(c) If yes to question (b) above, briefly describe the planned changes and their effects on the volume or characteristics of the wastewater discharged.

Section V. – Pretreatment Device

(a) Indicate the type of pretreatment device currently present at the establishment (See instruction for definitions)

- Grease Trap
- Grease Interceptor
- Oil/water Separator
- None

(b) Complete the following for all pretreatment devices:

- (1) Make and Model: _____
Location (i.e., kitchen, parking lot, etc.): _____
Capacity of device (in gallons): _____
- (2) Make and Model: _____
Location (i.e., kitchen, parking lot, etc.): _____
Capacity of device (in gallons): _____

(c) If the INDOOR grease trap is being maintained on-site, how is the grease waste disposed of after cleaning the grease trap?

- Trash
 - Contractor disposes of grease
 - Recycle
 - Not applicable
 - Other (explain below)
-

(d) If a contractor(s) cleans the INDOOR or OUTDOOR oil and grease removal device(s) please list the following:

Contractor Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____

Contractor Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____

(e) If the establishment has grills or ovens, which type of exhaust cleaning system is used?

- Automatic
- Manual
- Not applicable

(f) Are there any additives placed in the plumbing or in the oil and grease removal device (i.e., enzymes, bacteria, etc.)?

- Yes
- No

(g) If yes to question (f) above, please complete the following table and attach a MSDS for each product:

Additive Name	Location where added	Additive Frequency

Section VI. - Recycling

(a) Does the establishment recycle the oil and grease produced?

- Yes No

(b) If yes to question (a) above, which company recycles the oil and grease?

Company Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Company Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

(c) Is there a recycling container on site?

- Yes No

(d) If yes to question (c) above, how many recycling containers are on site? _____

(e) Have pollution prevention measures been implemented at the establishment?

- Yes No

(f) If yes to question (e) above, briefly explain the pollution prevention measures that have been implemented. (attach additional sheets if necessary)

Attach a copy of the establishment's menu if applicable.

Section VII. – Authorized Signature

I certify that I have received and read Article VIII of Chapter 20 of the City Code of Ordinances and understand that all food service establishments and automotive related enterprises must have a oil and grease removal device prior to discharging to the City sanitary sewer system.

I further 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 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____	_____
Name	Title
_____	_____
Signature	Date

	Phone

For City use only

Application complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application returned to applicant for completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date returned to applicant:	_____	
Date of pre-permit inspection:	_____	
Permit to be:	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied

Explanation for denial:

_____	_____
Date	Application Reviewer