



FOOD SERVICE ESTABLISHMENT
WASTEWATER APPLICATION

LEGAL NAME OF APPLICANT:

BUSINESS NAME:

MAILING ADDRESS:

TYPE OF APPLICATION

- First, for existing establishment
- Renewal
- Revision for changed operation
- First, for new establishment

VOLUME OF DISCHARGE TO WASTEWATER FACILITIES

Average gallons discharged daily: gpd

Metered water usage will be monitored to determine the amount of wastewater being discharged.

QUESTIONNAIRE

Complete the attached questionnaire. You are responsible for the accuracy of the submission.

**A NON-REFUNDABLE FEE OF \$500.00 MUST BE SUBMITTED WITH THIS APPLICATION.
PERMIT TERM WILL BE FOR FIVE YEARS.
MAKE CHECKS PAYABLE TO THE ALTOONA WATER AUTHORITY**

THIS SPACE FOR WASTEWATER DIVISION USE ONLY:

RECEIVED: _____ APPROVED: _____ APPLICATION NO. _____

DISCHARGE: WESTERLY TREATMENT PLANT: EASTERLY TREATMENT PLANT:

Josh Wyandt
Environmental Services Manager
814-949-2218 ext. 2209
jwyandt@altoonawater.gov
Altoona Water Authority
Wastewater Treatment Operations
144 Westerly Treatment Plant Road
Duncansville, PA 16635-7814

FOOD SERVICE ESTABLISHMENT
WASTEWATER APPLICATION

A. General Information

Name of Establishment:	
Address: City, State, Zip	Mailing Address: (Reports, Permits etc.)
Owner/Operator: Phone: Email:	Contact Person: Phone: Email:

B. Food Service Activity

Description of service activity:

Principle equipment discharged through the grease interceptor:

C. Variation in Operation

Days in operation:		Start and Close Time:	
Number of Employees:	1 st Shift	2 nd Shift	3 rd Shift

D. Water Usage

Source of water: _____

Water Uses

Check all that apply:

Sanitary	Air Conditioning
Dishwasher	Ice Maker
Freezer	Cooler
<input type="checkbox"/> Others:List	

E. Grease Interceptor

Describe the location of the current treatment equipment. (Outside, under three bowl sink, etc.)

Identify the company removing oils & grease from the restaurant.
Name, address, and phone number of grease interceptor hauler (s) and disposal site:
(Please attach a manifest from certified hauler)

Biological treatment of any kind to treat Grease Interceptors or Grease Traps is prohibited.

F. Required Letter

A letter of authorization appointing or designating a contact person as the representative responsible for the overall management of the pretreatment program shall be attached. The letter shall be signed by the responsible corporate officer, such as, the president, secretary, treasurer, vice president, plant manager, etc. The letter shall authorize the contact person to sign any periodic reports that will be submitted to the Altoona Water Authority's Environmental Services Manager.

Pace Analytical Services will be performing the required quarterly sampling, analysis and reporting. If you have any questions, please contact Tom Harpster at 814-935-8085 or by email: Thomas.Harpster@pacelabs.com.

I certify under penalty of law that this document and the attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for the gathering of 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 fines and imprisonment for knowing violations.

Witness

Title

Date

Signature of Corporate Official