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TEMPLETON COMMUNITY SERVICES DISTRICT

P.O. BOX 780 • 420 CROCKER STREET • TEMPLETON, CA 93465 • (805) 434-4900 • FAX: (805) 434-4820
www.templetoncsd.org

**FOOD SERVICE OR PROCESSING OPERATIONS
Wastewater Discharge Permit Application**

Section 1. FILING STATUS

- New or Unpermitted Construction
- Existing or Remodeled Facility
- New Ownership, Previous Company _____
- If other, please explain _____

Section 2. COMPANY INFORMATION

A. San Luis Obispo County Business License No. _____

B. Legal Business Name _____

Corporation Partnership LLC Sole Proprietor _____
(Owner Name)

Address: _____
(Street) (City) (State) (Zip Code)

Phone _____ Fax _____

Facility Contact Person _____ Title _____

Email _____

C. Doing Business As: _____

D. Business Officers Names and Titles:

Proprietors/Partner/Corporate Officers	Title or Position
_____	_____
_____	_____

E. Facility Location:

Address: _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____

Facility Contact Person _____ Title _____

F. Mailing Address: Same as above

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

G. Billing Address: Same as above

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

H. Landlord/ Property Owner/ Management Company: N/A email: _____

Property Manager/Owner Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name _____ Phone _____

1. OPERATIONS

A. Give a brief detailed description of the type of business conducted at this location including type of food served and/or processed, and cleaning and maintenance procedures.

B. Intended Use of Operations:

Bakery Retail Sales Other: _____

Food Processing Wholesale Distribution

Food Service/Restaurant Winery

C. Date operation began/or will begin? (mm/dd/yyyy) _____

D. Number of employees: Full time _____ Part time _____

E. Hours of operation: _____ am/pm to _____ am/pm

Days per week: S M T W Th F S

F. Is food prepared on site? Yes No

If yes, complete 1-3:

1. Seating capacity: _____ Total number of meals served per day: _____

2. Percentage of meals served with washable tableware: _____ %

3. Percentage of meals served with **disposable** tableware: _____ %

G. Types of wastes generated per operation day in Gallons Per Day (GPD). Indicate Estimated (E) or Measured (M):

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Ave. Discharge Days Per Month
1. Domestic wastes, restroom					
2. Cooling water, non-contact					
3. Boiler/ tower blowdown					
4. Cooling water, contact					
5. Process waste					
6. Food Processing waste (Cleaning food)					
7. Equipment/facility washdown					
8. Water Treatment					
9. Other					

TOTAL WASTES GENERATED					

H. Wastewater discharges in Gallons Per Day (GPD). Indicate Estimated (E) or Measured (M):

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Ave. Discharge Days Per Month
1. Sanitary sewer (all wastewater)					
2. Storm drain or channel					
3. Street					
4. Ground					
5. Surface Water					
6. Groundwater					
7. Waste hauler(s) (grease/oil)					
8. Evaporation					
9. Other					

TOTAL WASTES DISCHARGED					

2. EQUIPMENT

- A. Number of dishwashers: _____
- B. Number of scullery sinks: _____
- C. Number of garbage disposals: _____
- D. Number of deep fryers :_____ Interior tank dimensions: Length _____ Width _____ Depth _____
- E. Number of hot grills: _____ Give surface area dimensions: Length _____ Width _____
- Broilers: Yes No
- Rotisseries: Yes No
- F. Other cooking equipment used: _____
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3. GREASE DISPOSAL EQUIPMENT

A grease interceptor is a device that is placed in the ground outside of the building. A grease interceptor has two chambers, and typically has a 750 gallon capacity or larger. The device separates and collects oils, grease and solids from the kitchen wastewater and discharges the clarified water to the District's sewer system. A grease trap is a device that is installed in the facility's kitchen for the purpose of holding waste grease in the wastewater.

YOU ARE REQUIRED TO HAVE EITHER A GREASE INTERCEPTOR OR A GREASE TRAP.

- A. Grease interceptor: Yes No If yes, what size: _____ Location: _____
- Grease trap: Yes No If yes, what size: _____ Location: _____

B. *Interceptor Service Information:*

Provide name and address of pumping service:

How often is grease interceptor pumped or grease trap cleaned:

- Daily Monthly Quarterly Semi-annually Annually

- C. *A grease/oil rendering service is a service provided by a company to pick up and recycle fats, oils and greases that are usually stored in a rendering barrel provided by the rendering company.*

Provide name and address of grease/oil rendering service:

If you have any questions about this survey, please contact the Permit Compliance Specialist at 434-4914.

Section 3: A plumbing plan and site plan of the premises **MUST** be included with this application. This application will be considered incomplete until both a plumbing plan and site plan are submitted. Failure to provide this information will result in this application being denied and no permit will be issued.

Plumbing plan must show all water and waste lines within the building. Show mop sinks and floor drains and outlets. Show all fixtures, kitchen or food service equipment, grease interceptors, clean outs and sampling ports. Site plan must show all pertinent buildings, property lines, streets and roads. Indicate all sewers, storm drains, drainage ditches, manholes, sampling and monitoring locations and show the sizes of these items. Show all points of connection to the public sewer and drain lines. Indicate direction with a North arrow. Use additional sheets if necessary.

Section 4: AUTHORIZED REPRESENTATIVE 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 upon 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/or imprisonment for knowing violations.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE

SITE PLAN