Non-Residential Sewer Use Permit
Fats, Oils and Grease (F.O.G.)
Control & Pretreatment Program

Section A. General Information

City of Carmel Commercial/Institutional Improvement Location Permit # _____

1. Facility Name: _____

2. Facility Physical Address: _____

City: **Carmel** *State:* **Indiana** *Zip:* _____ *Facility Phone:* _____*Fax:*_____

3. Facility Email: _____

Name of Designated Facility Representative and Signatory for the facility, to which all correspondence and reports can be sent and is the facility signatory. **All correspondence, including email or certified mail will be sent to this representative.**

4. Facility Contact Name: _____*Position:* _____

5. Facility Contact Phone: _____*Emergency Phone:* _____

6. Facility Contact Address: _____ *City:* _____ *State:* ____ *Zip:* _____

7. Facility Contact Email: _____

8. Corporate Contact Name _____*Title:*_____

9. Corporate Address: _____

City: _____*State:*_____*Zip:*_____

10. Corporate Phone: _____*Fax:* _____

11. Corporate Email: _____

12. If leased, Management Company Name: _____

13. Management Company Contact: _____

14. Management Company Address: _____

City: _____*State:* _____*Zip:*_____ *Phone:* _____

15. Email: _____

Section B. Facility Operational Characteristics

16. Please choose all descriptions that apply to your facility:

Type of Food Service	***Type of Automotive Service***	***Location of Facility***
☐ *Fast Food Restaurant*	☐ *Auto Dealership*	☐ *Stand-alone Restaurant*
☐ *Full Service Restaurant*	☐ *Auto Repair/Service*	☐ *Hospital*
☐ *Buffet*	☐ *Oil Change Station*	☐ *Strip Mall*
☐*Take out Facility (only)*	☐ *Car Wash*	☐ *Nursing Home*
☐ *Coffee Shop*	☐ *Auto Body Repair*	☐ *Mall/Food Court*
☐ *Bakery*	☐ *Other* _____	☐ *Hotel/Motel*
☐ *Ice Cream Shop*		☐ *School*
☐ *Cocktails/Bar*		☐ *Supermarket*
☐ *Catering*		☐ *Club/Organization*
☐ *Cafeteria*		☐ *Religious Institution*
☐ *Food Packager*		☐ *Company/Office Building*
☐ *Other* _____		☐ *Recreational Facility*

17. Please indicate each item that you currently have in your facility and the quantity of each.

Food Processing Equipment		***Kitchen Equipment***	***Automotive Equipment***
☐ *Deep Fryer* _____	☐ *Rotisserie* _____	☐ *Dishwasher* _____	☐ *Mop Sink* _____
☐ *Char broiler*_____	☐ *Stove* _____	☐ *Pre-rinse sink* _____	☐ *Floor Drains* _____
☐ *Griddle* _____	☐ *Wok* _____	☐ *Mop Sink* _____	☐ *Parts Washer*_____
☐ *Grill* _____	☐ *Other* _____	☐ *Floor Drains* _____	☐ *Other* _____
☐ *Oven* _____		☐ *Food Disposal* _____	

18. Miscellaneous Information.

No. of Employees _____ *Do you wash plates?* ☐ *Yes* ☐ *No*

Seating Capacity _____ *Chain Status* ☐ *Chain* ☐ *Independent*

Average no. of meals served during peak hour _____

Does the facility have a basement? ☐ *Yes* ☐ *No*

9. Days and hour of Operation:

Monday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Tuesday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Wednesday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Thursday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Friday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Saturday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Sunday Open: _____ *Close:* _____ *or* ☐ *24 Hours or* ☐ *Closed*

Section C. Wastewater Discharge Information

10. Waste Product disposal.

Solids Wastes:	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other* _____
Oil & Grease	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other* _____
Liquid Waste	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other*_____
Motor Oil	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other* _____
Antifreeze	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other*_____
Gasoline	☐ *Trash*	☐ *Recycled*	☐ *Sewer*	☐ *Other*_____

Name of Contractor(s) that dispose of waste products: _____

Type of waste hauled: _____

Name of Contractor(s) that dispose of waste products: _____

Type of waste hauled: _____

Section D. Wastewater Pretreatment

11. Do you currently have FOG equipment installed? ☐ *Yes* ☐ *No if no, reason* _____

If yes, what Type: ☐ *Interior Trap* ☐ *Exterior Interceptor* ☐ *Oil/Water Separator Last Service Date:* _____

*Exact Location*_____*Capacity in gallons*_____

Service Provider Name: _____ *Phone:* _____

Is this FOG equipment shared between tenants? ☐ *Yes* ☐ *No If Yes, Who is responsible for managing this service?*

_____

19. Is the facility currently in operation?

☐ *Yes Date Opened*_____ ☐ *No If no, expected opening date:* _____

20. Do you have plans to expand, change menu or add to the facility in the next year? ☐ *Yes* ☐ *No*

21. What type of information is available for your employees about kitchen best management practices, proper waste disposal, wastewater and stormwater protection?

_____

_____

_____

Section E. Authorized Representative Statement: *The information in this questionnaire is familiar to me, and I acknowledge that the information that I have provided herein is to the best of my knowledge and belief, true, accurate and complete.*

Name: (print) _____ ***Title:*** _____

Signature: _____ ***Date:*** _____

Please Mail, Email or Fax Approved Plumbing Plans, FOG equipment sizing calculation sheet and completed Non-Residential Sewer Use Permit Application to:

Teresa Lewis
30 W. Main Street, Suite 220
Carmel, Indiana 46032
Fax 317-571-2265
tlewis@carmel.in.gov
Office 317-571-2477

_____

Office use only ***City of Carmel Commercial/Institutional Improvement Location Permit #*** _____

NRSUP received by: _____ *Date:* _____

*FOG equipment Make*_____*Model*_____*Size*_____*Approved by:* _____

Additional Comments or Notes: _____

Release for Construction _____

Fog Equipment installation inspection by: _____*Date:*_____

Additional Comments or Notes: _____

FOG equipment Approved to operate by: _____ *Date:* _____

Release Cert. of Occupancy _____