



**WASTEWATER DISCHARGE**  
**PERMIT APPLICATION**  
**FOOD SERVICE FACILITY**

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**CITY OF GOSHEN WASTEWATER TREATMENT PLANT**  
**1000 W. WILDEN AVE.**  
**GOSHEN, INDIANA 46528**

**Mick Reese, Environmental Compliance Administrator**  
**(574) 534-5802**

**Tracie Herschberger, WWTP Administrative Assistant**  
**(574) 534-4102**

**Fax**

**(574) 534-4350**

**[foginspector@goshencity.com](mailto:foginspector@goshencity.com)**

This permit application must be completed by an official of the firm requesting to be issued a discharge permit. Inclusion of documents indicated within this application as being necessary, including but not limited to pretreatment plans, process plans, spill and slug control plans, water bills, etc., will expedite the permit issuance process. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the City of Goshen Regulations and can subject the violator to fines and penalties as described in the ordinance. Should you require assistance in completing this document, do not hesitate to contact the City of Goshen Environmental Compliance Administrator.

**INSPECTION ON ALL GREASE INTERCEPTORS, TRAPS, AND DYE TESTING REQUIRES 48 HOURS OF NOTICE PRIOR TO OPERATION/ OPENING AND/OR HEALTH DEPARTMENT FINAL INSPECTION.**

**CITY OF GOSHEN**  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**FOOD SERVICE FACILITY**  
**1000 W. Wilden Ave, Goshen, IN 46528**  
**Phone: 574-534-4102, Fax 574-534-4350**

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**Facility Information**

Name of Facility: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_  
**Email Address (REQUIRED):** \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_

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**Corporate Office/Business Owner Information**

Name of Business: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ FAX \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

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**IF YOU ARE APPLYING FOR A NEW FACILITY, PROCEED TO PAGE 4**

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**APPLICATION RENEWAL ONLY**

Since the last application cycle, has this facility made any changes to the following:

- |                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Seating Capacity                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hours of Operation                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen Equipment<br><i>(Fryers, Three Bay Sinks, Mop Sinks, Floor Drains, etc.)</i>    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Service Practices<br><i>(Onsite Food Prep, Disposable Packaging, Food Trucks, etc.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grease Handling Equipment                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grease Hauler                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additive Use                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Was this facility deemed to be in “non-compliance” at any point in the last application cycle?

Yes

No

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**IF YOU ARE AN EXISTING ESTABLISHMENT UNDER THE SAME OWNERSHIP SINCE YOUR LAST APPLICATION CYCLE AND HAVE INDICATED “NO” ON ALL PRECEDING QUESTIONS, YOU MAY ADVANCE DIRECTLY TO THE AFFIDAVIT PAGE OF THIS APPLICATION. CHANGES TO THE FACILITY INDICATED WITH A “YES” MUST BE DETAILED ON THE FOLLOWING PAGES**

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**Location Information**

Seating Capacity: \_\_\_\_\_

Hours of Operation:  
*If not open, indicate "NA"*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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**Type of Food Service Facility (check one or two if applicable)**

- Food Preparation                       Food packager                       Restaurant
- Fast Food Restaurant                       Take out Facility                       School Cafeteria
- Prison Cafeteria                       Other Cafeteria                       Meat Processor
- Supermarket                       Health Care Facility                       Church
- Club/Organization                       Bakery                       Hotel/Motel
- Mobile Truck
- Other, specify: \_\_\_\_\_

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**Type (Kind) of Food Served**

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### Equipment and Serving Information

Check all that apply to your facility:

- |                                                                                     |                                                                        |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Commercial Dishwasher                                      | <input type="checkbox"/> Garbage Disposal                              |
| <input type="checkbox"/> 3-bay Sink                                                 | <input type="checkbox"/> Stove/Oven                                    |
| <input type="checkbox"/> Mop Sink                                                   | <input type="checkbox"/> Drive Thru                                    |
| <input type="checkbox"/> Floor Drains                                               | <input type="checkbox"/> Deep Fryer                                    |
| <input type="checkbox"/> Meals prepared on site and served on plates washed on site |                                                                        |
| <input type="checkbox"/> Limited menu food served on plates washed on site          |                                                                        |
| <input type="checkbox"/> Food served on disposable packaging                        |                                                                        |
| <input type="checkbox"/> Food truck(s)                                              |                                                                        |
| How many? _____                                                                     | Full Service: <input type="checkbox"/> Yes <input type="checkbox"/> No |
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### Grease Trap/Interceptor Information

*(Use additional sheets if needed)*

Grease Interceptors and Grease Traps are devices 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 wastewater collection system (sewer) by gravity.

**Grease Interceptor** – Located underground and outside a food service facility

**Grease Trap** – Located inside a food service facility or under a sink

Location	Size (gallons)	Type	Cleaning Frequency
		<input type="checkbox"/> Interceptor <input type="checkbox"/> Trap	
		<input type="checkbox"/> Interceptor <input type="checkbox"/> Trap	
		<input type="checkbox"/> Interceptor <input type="checkbox"/> Trap	

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**Trap/Interceptor Hauler Information**  
*(Not Fryer Grease)*

Name of Hauler: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Additive Information**

Does your facility use any additives in the plumbing, grease interceptor or grease trap (i.e., enzymes, bacteria, etc.)?

Yes

No

If yes, please complete the following table and attach a MSDS sheet for each product.

Location	Additive Name	Additive Frequency