

CLAREMONT

NEW HAMPSHIRE, U.S.A.

A Community that works...

CITY OF CLAREMONT, NEW HAMPSHIRE WASTEWATER DISCHARGE PERMIT APPLICATION FOR RESTAURANTS & FOOD PREPARATION ESTABLISHMENTS

SECTION A. GENERAL INFORMATION

All items are to be completed. Proposed discharge should indicate whether discharge information is actual or estimated. Existing and increased discharges must give actual information for all questions. If an item is not applicable, indicate "NA." Unless otherwise specified, please print or type.

_____ Existing Discharge _____ Proposed Discharge _____ Application for Increased Use

1. Company Name _____

2. Address _____

3. Mailing Address (if different) _____

4. Name of Signing Official _____

5. Title of Signing Official _____

6. Business Phone Number _____ () _____

7. Person to contact concerning information provided herein:

a. Name _____

b. Title _____

c. Business Phone Number _____ () _____

8. Parent Company Name _____

9. Address _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

Signature of official

CITY OF CLAREMONT

WASTEWATER DISCHARGE PERMIT APP. CONT.

SECTION B. FACILITY OPERATIONAL INFORMATION

1. Seating capacity (per Fire Department Regulation) _____
Seating capacity (Actual Count) _____

2. Normal Hours of Food Preparation/Service:
Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____
Sunday _____

3. Details of Kitchen Fixtures:
 - a. Fryolators ___ Yes ___ No How Many _____
 - b. Grills or Ovens ___ Yes ___ No How Many _____
 - c. Dishwashers:
 - Commercial ___ Yes ___ No How Many _____
 - Domestic ___ Yes ___ No How Many _____
 - d. Kitchen Sinks How Many _____
Number of Compartments in Each _____
 - e. Dinnerware
Pre-rinsing None _____ Sinks _____ Station _____
 - f. Garbage Disposal Units ___ Yes ___ No How Many _____
 - g. Any additional water using devices ___ Yes ___ No
Type _____ How Many _____
Type _____ How Many _____
Type _____ How Many _____

4. Attach a sketch of the kitchen showing location and drain lines for all equipment detailed in question 3 above. Grease removal unit must be included on sketch if applicable.

5. Attach a menu of the foods prepared and served at the facility.

6. Does this establishment have an installed and working grease removal unit?
___ Yes ___ No
If yes, attach plans and specifications for all treatment devices.
Note: All grease & sand-oil trap/interceptors need to conform to the City of Claremont's Sewer Utility Construction Standards. The City uses the EPA-2 Model for grease interceptor sizing.
List Type of Grease Removal Unit _____
Size _____ (gallons) Manufacturer _____
___ Indoor ___ Outdoor ___ Automatic ___ Passive

7. If a grease removal is utilized, how often is the grease removal unit cleaned?
_____ per year Name of Hauler(s) _____