



**ONTARIO MUNICIPAL UTILITIES COMPANY  
 ENVIRONMENTAL PROGRAMS  
 1425 SOUTH BON VIEW AVE  
 Ontario, CA 91761  
 Phone: (909) 395-2678  
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Food Service Establishment (FSE) Wastewater Discharge Permit Application

**SECTION 1: PROPOSED POINT OF DISCHARGE**     Public Sewer     Other \_\_\_\_\_

**SECTION 2: COMPANY INFORMATION**

**A.** Company Name (DBA) \_\_\_\_\_

**B.** Food Service Establishment Location:

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**C.** FSE Legal Business Name \_\_\_\_\_

**D.** Ownership Information

- Ownership Type:  Corporation  Partnership  Sole Proprietor  LLC
- Business Officers Names and Titles

Proprietors/Partners/Corporate Officers

Title or Position

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: Title "Owner" applies only to Sole Proprietorship. Please use proper Titles for Partnership, Corporation, and LLC.

**E.** FSE Designated Signatory Authority

Responsible Party \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Title \_\_\_\_\_

FSE Ins. Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Title \_\_\_\_\_

**F. FSE Mailing Address**

Address or P.O. Box \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

**G. Landlord, Property Owner or Management Company**

Name \_\_\_\_\_  
Address or P.O.Box \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

**SECTION 3: FOOD SERVICE ESTABLISHMENT DESCRIPTION**

**A. Type of Facility (please check)**

Fast Food       Restaurant       Grocery       Bakery       Other: \_\_\_\_\_  
Deli       Meat Market       Donut Shop       Ice Cream

**B. Is your facility currently in operation at the FSE location indicated?**      Yes      No

If no, indicate the date you plan to begin operation \_\_\_\_\_

**C. Do you have a grease interceptor at this facility?**      Yes      No

Manufacturer: \_\_\_\_\_

Capacity/ Gallons: \_\_\_\_\_

- If Yes, Indicate Interceptor Cleaning Frequency

\_\_\_\_\_

- Grease Interceptor Pumping Service Information:

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Business Phone \_\_\_\_\_

**D. Any Other Grease Removal Equipment?**

Yes

No

Grease Trap Qty _____	<input type="checkbox"/> 20 Gallon	<input type="checkbox"/> 40 Gallon	<input type="checkbox"/> Other
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Other: \_\_\_\_\_ Capacity/ Gallons

**E. Do you generate oil or grease waste by food preparation?**

Yes

No

- If so, describe how you dispose of grease waste  
\_\_\_\_\_

- Grease Waste Hauler Information:

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Phone \_\_\_\_\_

**F. Are there any vapor hoods?**

Yes

No

- On site or off site vapor hood cleaning? \_\_\_\_\_

- Food Service Establishment Vapor Hood Cleaning Service:

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Phone # \_\_\_\_\_

**G. Please provide the following information regarding your operations:**

- Describe Type of Business and Food Served (i.e. fast food, Chinese, Mexican, Family Style, etc.);  
\_\_\_\_\_

• Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

• Hours of Operation: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Days Per Week: (Check All Applicable Days)

S  M  T  W  Th  F  S

• Seating Capacity: \_\_\_\_\_ Total Number of Meals Served per Day: \_\_\_\_\_

• Percentage of Meals Served With Washable Tableware: \_\_\_\_\_%

• Percentage of Meals Served With Disposable Tableware: \_\_\_\_\_%

H. Please indicate the food equipment that you currently have in your facility and the quantity of each.

Food Processing Equipment			
	Qty		Qty
<input type="checkbox"/> Deep Fryer		<input type="checkbox"/> Rotisserie	
<input type="checkbox"/> Char broiler		<input type="checkbox"/> Stove	
<input type="checkbox"/> Griddle		<input type="checkbox"/> Oven	
<input type="checkbox"/> Grill		<input type="checkbox"/> Other: _____	

I. Please indicate fixture units that you currently have in your facility and the quantity of each.

Kitchen Equipment			Direct Connection to:	
	Qty	Usage	Grease Trap/ Interceptor	Domestic Sewer
<input type="checkbox"/> Dishwasher				
<input type="checkbox"/> Pre-rinse sink				
<input type="checkbox"/> Mop Sink				
<input type="checkbox"/> Floor Drains				
<input type="checkbox"/> Garbage Disposal				
<input type="checkbox"/> 1 Bay Sink				
<input type="checkbox"/> 2 Bay Sink				
<input type="checkbox"/> 3 Bay Sink				
<input type="checkbox"/> Floor Sink				
<input type="checkbox"/> Clothe Washer				
<input type="checkbox"/> Hand Sink				
<input type="checkbox"/> Other Equipment: _____				

J. Meter(s) Number \_\_\_\_\_ Use \_\_\_\_\_

Meter(s) Number \_\_\_\_\_ Use \_\_\_\_\_

Meter(s) Number \_\_\_\_\_ Use \_\_\_\_\_

Annual Average Daily Water Consumption All Meters \_\_\_\_\_ (Gallon per Day)

K. Please indicate restaurant water uses and losses from both sanitary and process operations (water balance)

Water Uses that are NOT discharged to Sewer	Average Water Use (gallon per day)
Contained in food/drinks (No. of Customer per day _____ x Amount of water in food/drinks per customer _____)	
Irrigation	
Employee water usage (No. of employee _____ x 1 gallon)	
Other:	
<b>Total</b>	

Discharged to Sewer	Average Water Use (gallon per day)
Facility Cleaning (e.g. floor wash-down, mat cleaning, etc.)	
Utensil/ Dish/ Equipment Cleaning	
Customer Sanitary Use	
Employee Sanitary Use	
Other: (e.g. Laundry, etc.)	
<b>Total</b>	

**SECTION 4: CONSTRUCTION CONTACT INFORMATION**

(For FSE’s under construction only) Note: The application must be submitted and signed by Designer, Architect or Contractor, in the space below provided below, to initiate plan check. However, the INDUSTRIAL WASTEWATER PERMIT will not be issued without company (FSE) authorized representative signature.

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Name (Print)	Title	Phone	Signature	Date
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**SECTION 5: SIGNATORY REQUIREMENT**

This application must be signed by a company (FSE)authorized representative. Signatures of designers, architects, or contractors are only accepted as a construction contact in SECTION 4 above.

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 on 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 imprisonment for knowing violations.

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Name (Print)	Title	Date
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Signature	Phone Number
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