

City of Fishers Public Works Department
Food Service Facility Mandatory Registration Form

Phone: 317-595-3281 (office) 317-595-3175 (fax) wastewater@fishers.in.us

Return this form to: Cheeney Creek WWTP
10210 Eller Road
Fishers, IN 46038

Section A. General Information

1. Facility Name: _____

2. Facility Physical Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____
Business Mailing Address (if different) _____

3. Facility Owner: _____

4. Is the owner the only signatory authority? [] Yes [] No
If no, please name all signatory authorities: _____

5. General Manager Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

6. Facility Manager Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

7. Designated Facility Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

8. If rented, please provide:
Name of Owner or Management Company: _____
Name of Management Company Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Section B. Facility Operational Characteristics

1. Please choose one description that best describes your facility:

[] Fast Food Restaurant	[] Bakery	[] School
[] Full Service Restaurant	[] Supermarket	[] Club/Organization
[] Diver Thru (only) Restaurant	[] Religious Institution	[] Company Office Building
[] Seasonal Restaurant	[] Nursing Home/ALF	[] Ice Cream Shop
[] Coffee Shop	[] Hotel/Motel	[] Hospital
[] Other: _____		

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2. Please indicate each item that you currently have in your facility, and the quality”

- | | | |
|---|--|--|
| <input type="checkbox"/> Grill _____ | <input type="checkbox"/> Mop Sink _____ | <input type="checkbox"/> 3 Bay Pot Sink _____ |
| <input type="checkbox"/> Oven _____ | <input type="checkbox"/> Deep Fryer _____ | <input type="checkbox"/> 2 Bay Pot Sink _____ |
| <input type="checkbox"/> Dishwasher _____ | <input type="checkbox"/> Floor Drains _____ | <input type="checkbox"/> Single Bay Sink _____ |
| <input type="checkbox"/> Pre-Rinse Sink _____ | <input type="checkbox"/> Tilt Kettle/Crock Pot _____ | <input type="checkbox"/> Hand Sink _____ |
| <input type="checkbox"/> Garbage Disposal _____ | <input type="checkbox"/> Other Equipment _____ | |

3. What type of exhaust cleaning system do you use? Automatic Manual

4. What is the facility seating capacity? _____

5. Number of customers (average): _____

6. What are the days and hours of operation? Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____

Section C. Wastewater Discharge Information

1. Please check the item which best describes your current wastewater discharge.

- Existing Sewer Discharge
 Existing Septic System
 Proposed (New) Sewer Discharge

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volumes or characteristics? Yes No

If yes, briefly describe these changes and their effects on the wastewater volume and characteristics

Section D. Treatment

1. Do you currently have a grease interceptor (outside) or grease trap (inside)?

- Interceptor Trap
 Both None

2. Complete the following for all grease removal devices:

A. Make and Model: _____ Location: _____ Capacity of grease removal device: _____ gallons	B. Make and Model: _____ Location: _____ Capacity of grease removal device: _____ gallons
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3. If the INDOOR grease trap is being maintained on site, how do you dispose of the waste after cleaning the trap?
- [] Trash
 [] Contractor disposes of grease
 [] Recycle
 [] Other: _____

4. If using a contractor to clean the INDOOR and/or OUTDOOR grease removal device(s), please list the following:

Contractor Name: _____	Contractor Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: _____	Phone #: _____
Contact Name: _____	Contact Name: _____

5. Are there any additives used 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 Safety Data Sheet for each product:

Location	Additive Name	Frequency/Quantity of Use

Section E. Recycling

1. Do you or will you recycle the grease produced at you facility? [] Yes [] No
 If yes, which company or companies recycles your grease or will recycle your grease?

2. Is there a recycling container on-site? [] Yes [] No
 If yes, how many recycling containers are on-site and where are they located?

3. What pollution prevention measures have been implemented? (i.e. Best Management Practices)

By signing this Registration you are certifying the accuracy of the information provided. You are also certifying that you have the authority to be a signee for this facility.

Printed Name: _____ Signature: _____
 Date: _____