### APENDIX II OF REGULATION 13

## EL DORADO IRRIGATION DISTRICT 2890 Mosquito Road Placerville, CA 95667 (530) 622-4513

## COMMERCIAL AND INDUSTRIAL

# APPLICATION FOR WASTEWATER DISCHARGE PERMIT (FOOD ESTABLISHMENTS)

#### SECTION A - GENERAL INFORMATION

1.

Business Name, Location Address, and Telephone Number:

El Dorado Hills Senior Center

Zip Code <u>95762</u>	Telephone No. (30) 621-6161
403, Section 403.14, information a frequency of DISCHARGE, shall treatment of other information shall	In accordance with Title 40 of the Code of Federal Regulations Part and data provided in this questionnaire, which identifies the nature and be available to the public without restriction. Requests for confidential all be governed by procedures specified in 40 CFR, Part 2. Should a your facility, the information from on-site inspection(s) and in this the permit.
This is to be signed by an authoriz form and review of the information	ed official of your firm <u>after</u> adequate completion of this n by the signing official.
I have personally examined and am familiar with the information submitted in thi 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 penaltic for submitting false information, including the possibility of fine and/or imprisonment.	
Date	Signature of Owner or Official

4.	. Your facility is a "Class C" discharger if any item below is checked:		
	☐ Not Class A or B but your facility discharges industrial wastes, which does not include priority pollutants (other than human habitation).		
	☐ You store, utilize, or generate chemicals or materials which may accidentally discharge to the wastewater system.		
	☐ Your facility generates any material(s) which require rendering service. Examples: petroleum oils, lubricants, solvents, paints, and greases.		
Your facility is a food establishment of any kind. Note: All food establishments (restaurants, cafeterias, fast food, café's, etc.) are subject to proper sizing, installation, and maintenance of a grease trap(s) or interceptor.			
PERMIT CLASSIFICATION FEE PAYMENT			
Industrial Wastewater Discharge Permit Fees must be paid with the submittal of this application, as follows:			
	(Check One)		
	☐ Class A - \$800.00 plus time and materials		
	☐ Class B - \$800.00 plus time and materials		
	Class C - \$410.00 plus time and materials		
	☐ Exempt – not connected to EID sanitary sewer		
App	olicant Signature:		
Prin	ited Name: Doug Nowka		
	iness Address: 937 Spring St. Placerville, CA. 95667		
	e: <u>5/55/07</u>		

# **EL DORADO IRRIGATION DISTRICT**

# DEPARTMENT OF ENVIRONMENTAL COMPLIANCE AND RESOURCE MANAGEMENT

## PERMIT CLASSIFICATION CHECKLIST

BUSINESS INFORMATION:	BUSINESS OWNER INFORMATION
Name/Location Address	Name/Mailing Address
El Dorado Hills Senior Center	El Dorado County
990 Lassen Lane	937 Spring Street
El Dorado Hills, (A. 95762	Placerville, CA - 95667
Phone # (530) 621-6161	Phone # (530) 621-6161
Type of Business	Title
<ol> <li>Does your facility discharge to EID's sanitary sew</li> <li>My business is connected to a private sewage of You are exempt from discharge permitting. Pl</li> <li>My business is connected to EID's sanitary seven Please continue completing, signing and return</li> </ol>	disposal (septic) system. ease sign this form and return to EID. wer.
2. Your facility is a "Class A" discharger if both item	s below are checked:
☐ Discharge from your facility is 25,000 gallons/	day or greater.
	rity pollutants. Examples include but are not limited to ssing solutions, photo/x-ray wastes, paints, metals and
3. Your facility is a "Class B" discharge if both items	below are checked:
☐ Discharge from your facility is 25,000 gallons/	day or less.
☐ Your facility generates products that contain protential for discharge to the sewer	riority pollutants (same as above), which have the

2.	Owner/Operator Name, Mailing Address and Telephone Number:
	El Dorado County 937 Spring Street
	Zip Code 95667 Telephone No. 638 621-616
3.	Is Business location leased?  Yes  No If "yes", Name, Address and Telephone Number of Lessor:
	Zip Code Telephone No. ( )
4.	Name, Title and Telephone Number of persons authorized to represent this establishment during on-site inspections:
	Name: Michello Hunter Title Program Manger Felephone No. 530-621-616
	Name: Doug Nowka Title Asst. Director Telephone No. 530-621-6153
5.	Identify type of food establishment (fast food, restaurant, café, etc.):
	Sensor Nutrition Program
6.	Type of food prepared: General diet, lunch program for
7.	Hours of Operation: $M - F$ , $11 - 2 p \cdot m$ .
SEC	TION B – GREASE TRAP/INTERCEPTOR INFORMATION
1.	Is your establishment equipped with a grease trap or grease interceptor?
	Yes No
	If "yes", continue.
	If "no", describe how accumulated grease is disposed:

# Section B - Continued

2.	Check appropriate box and provide size of each unit:	
	Grease Trap, SizePounds	
	Grease Trap, Size 50 Pounds Thermaco Big Dipper	
	Grease Interceptor, Size Gallons	
3.	Describe location of each unit: <u>One unit located in the</u> <u>Kitchen under 3 compartment sink</u> .	
4.	Unit is serviced (inspected/cleaned):	
	☐ Daily ☐ Weekly ☐ Monthly ☐ 3 Months ☐ 6 Months	
	Other: Every 2 months.	
5.	Unit Serviced By:	
	Licensed Waste Hauler (Rendered) Self-Serviced	
	Other:	
	If "Waste Hauler" or "Other" checked, provide Name, Address and Phone Number of Service: Sacramento Rendering Company (SRC Pumping) P. O. Box 276 424  Sacramento, CA. 95827	
	916 - 363 - 1342	