



SANITARY & STORMWATER

FOG CONTROL DEVICE PERMIT APPLICATION

414 Main Street
Hobart, Indiana 46342

Return Completed Application to:
Hobart Sanitary & Stormwater District
ATTN: Timothy Kingsland, Pretreatment Coordinator
414 Main Street
Hobart, Indiana 46342
219-942-3619

Date of Mailing:

Application Deadline:

The Hobart Sanitary and Stormwater District (HSSWD) provides wastewater disposal service for your food service business. HSSWD operates an Industrial Pretreatment Program as required by federal and state law that is designed to minimize and manage the harmful pollutants which may be discharged into HSSWD's collection system.

Fats, oils, and grease (FOG) from cooking activities are a major pollutant. FOG discharged into the collection system adversely impact pumps and other equipment, causes costly maintenance, and increases the cost to treat and purify wastewater at the Gary Sanitary District's wastewater treatment plant. All food service businesses must use best available practices to prevent FOG from entering the sewer lines. Consequently, all food service establishments are required to install grease traps; to properly maintain and clean the grease traps; and to remove grease from its premises by a licensed waste hauler.

All HSSWD food service establishments must promptly complete and return the attached "FOG Control Device Permit Application" by the application deadline noted above. **A copy of the application is also available on City of Hobart website.**

A Permit Application Fee of \$150, payable by check to the "City of Hobart" or "Hobart Sanitary & Stormwater District" must accompany this application. The HSSWD Fog Control Device Permit is valid for two (2) years from its date of issuance. **A permit renewal fee of \$100** and an updated application form is due every two (2) years after issuance of the permit. It is your responsibility to contact HSSWD no less than sixty (60) days prior to the expiration of any issued permit to apply for renewal.

All sections of this permit application must be completed and properly signed by a Manager or Corporate Officer of the business requesting the permit. Please note that the discharge of wastewater without receipt of a FOG Control Device Permit is a violation of the HSSWD and the Gary Sanitary District's resolutions and ordinances and is subject to applicable surcharges and fines.

If a fully completed application is not received by the date as indicated on this letter, you will be categorized as "Non-Compliant". Pursuant to public notice and City of Hobart Resolution, you will be subject to a minimum **\$200 bi-monthly bill or a bi-monthly bill calculated at the approved "Non-Compliant User Rate"**, whichever is greater, until you are in compliance. Persistent non-compliance may result in the suspension of wastewater disposal service to your business.

If you need assistance in completing this document, please contact HSSWD at the number above.

SUBMITTAL CHECKLIST

The following items must accompany the FOG Control Device Permit Application

- _____ Permit Application Fee

- _____ Calculations used to determine device size/type

- _____ Facility Floor Plan showing the size and location of the GCD and piping

- _____ Equipment/Plumbing schedule (new facilities only)

- _____ Sanitary Plumbing Plan (new facilities only)
denoting grease waste line and sanitary line

- _____ Sanitary Isometric (new facilities only)
denoting grease waste line and sanitary line

- _____ Grease Control Device details

- _____ Restaurant Menu



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A. APPLICATION TYPE (select one)

_____ New Business/Operator _____ Transfer of Ownership or Name Change of Existing Facility _____ Modification of Existing Permitted Facility

B. APPLICANT INFORMATION

Applicant (corporation, LLC, LLP, sole proprietor) _____

Applicant Mailing Address _____

Authorized Representative _____ Title _____

Email _____ Phone _____

C. FACILITY INFORMATION

Facility Address _____

Facility Phone _____ Email _____

Days and Hours of Operation _____

Select the use that best describes the facility:

- Apartment/Condo Café/Coffee Shop Fast Food Restaurant
- Bakery Cafeteria Full Service Restaurant
- Banquet Hall Catering Nursing Home/Assisted Living
- Butcher/Meat Market Convenience Store/Gas Station Supermarket/Grocery Store
- Other Take-Out Restaurant

Food Preparation

Kitchen Equipment

- Deep Frying
- Pan Frying
- Grilling
- Baking
- Heating
- Pre-prepared Food

- Dishwasher
- Garbage Disposal
- 3-Compartment Sinks
- Inside Dimensions _____
- Total # of Kitchen Sinks _____
- Total # of Floor Drains _____

Rated Flow _____ gpm

Quantity _____

D x W x L

Number of Seats _____

Drive-Thru Lanes: _____ Yes _____ No

FATS, OILS, AND GREASE CONTROL DEVICE INFORMATION

List all FOG Control Devices serving the facility

#	Make & Model	Material (metal, plastic, concrete, other)	Capacity (gpm or gallons)	Location (indoor or outdoor)

Attach calculations used to determine size of each device.

D. CERTIFICATION BY APPLICANT

The undersigned authorized representative of (name of applicant) _____ is fully aware that the statements made in this application for an operating permit are true, correct, and complete. The undersigned understands that it is a violation of the Hobart Sewer Ordinance to discharge Fats, Oils, and Grease to the public sanitary sewer that exceed the discharge limits stated in the ordinance or in quantities that may affect or hinder the operation of the collection, transmission, or treatment of wastewater. The undersigned certifies that he/she is fully aware that the submittal of a permit application does not guarantee issuance of a FOG Discharge Control permit until it is determined that the permit application is complete and a FOG Control Device is approved by HSD for the facility. It is further acknowledged that a permit, if granted by HSD, is not transferrable and that notification shall be provided to HSD upon the sale, change of ownership, or relocation of the permitted facility.

 Name of Authorized Representative

 Signature of Authorized Representative

 Date

E. CERTIFICATION BY PROPERTY OWNER
 (required if applicant is not the property owner)

The undersigned authorized representative of (legal property owner name) _____ is fully aware that it is a violation of the Hobart Sewer Ordinance to discharge Fats, Oils, and Grease to the public sanitary sewer that exceed the discharge limits stated in the ordinance or in quantities that may affect or hinder the operation of the collection, transmission, or treatment of wastewater. The undersigned certifies that the operation and maintenance (cleaning) of the FOG Control Device serving the facility is (select one option below):

_____ the responsibility of the Legal Property Owner.

_____ the responsibility of the Applicant listed in Sections B and E of this form.

 Name of Authorized Representative

 Signature of Authorized Representative

 Date