



## WATER AND SEWER DEPARTMENT

### Mobile Food Vendor- Wastewater Disposal Plan

Business Name		<input type="checkbox"/> New Application/Plan <input type="checkbox"/> Renewal		Date
Contact Person		Title		Phone
Mailing Address		City	State	Zip Code
Number of Mobile Units	Operating Locations			City
Type of Mobile Food Unit <input type="checkbox"/> Full-Service Mobile Food <input type="checkbox"/> Pre-packaged <input type="checkbox"/> Push Cart <input type="checkbox"/> Sno Cone <input type="checkbox"/> Other-				Number of Employees
Days of Operation per Month		Days of Operation per Week		Hours of Operation per Day
Give a brief description of food products and services (sno cone businesses- please list whether or not you will be serving dairy)				
Mobile Unit Wastewater (aka grey water) Origin <input type="checkbox"/> hand-washing <input type="checkbox"/> non-contact steam-table water <input type="checkbox"/> dish/utensil rinsing or washing <input type="checkbox"/> waste food or liquids <input type="checkbox"/> Other-				
If you are not washing dishes at the mobile unit, where will you be washing your dishes? Business Name and Address (must be a commercial kitchen or commissary)				
Mobile Unit Wastewater Discharge Location: business name and address (wastewater cannot be discharged to a residential drain or a storm drain)				
Description: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Mop Sink <input type="checkbox"/> Cleanout <input type="checkbox"/> Other-				
Will the wastewater discharge to a grease interceptor? <input type="checkbox"/> Yes- What is the size of interceptor?		How much wastewater will you discharge, and how often? Example: 30 gallons a day		
<input type="checkbox"/> No (Monitor for Oil & Grease as required in BMP)				
Remarks:				
<p><b>Attestation Statement:</b> "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."</p> <p><b>BMP Statement:</b> "I certify that this business will abide with the required components of the Mobile Food Vending Best Management Practices including this associated Wastewater Disposal Plan."</p>				
Typed or Printed Name of Person Signing			Title	
Date Application Signed	Signature of Applicant or Representative			

Mail to:  
 Attn: P2 Supervisor  
 Industrial Pretreatment  
 4818 South Elwood Avenue  
 Tulsa, OK 74107-8129

Or

Fax to:  
 Attn: P2 Supervisor  
 Industrial Pretreatment  
 (918) 591-4388

<p><b>Office Use Only</b></p> <input type="checkbox"/> Approved
Date: _____ Sent approval to: _____