



WASTEWATER DISPOSAL PLAN

Water and Sewer Department- Water Quality Assurance
4818 S. Elwood Ave. Tulsa, OK (918) 591-4378

Business Name		<input type="checkbox"/> New <input type="checkbox"/> Renewal	Date
Contact Person		Title	Phone
Mailing Address		City	State Zip Code
Email address for approval notification:			
Number of Mobile Units	Operating Location(s)		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"/> Shaved Ice <input type="checkbox"/> Other-			
Days of operation per Week:	Hours of operation per Day:	Number of employees:	
Give a brief description of food products and services (Shaved Ice businesses- please list whether or not you will be serving dairy)			
Where will you be washing utensils/dishes/pans or disposing of food liquids? <input type="checkbox"/> At or in your mobile unit/stand. <input type="checkbox"/> At a commercial kitchen or commissary. List the business Name and Address:			
Where will you be discharging your waste/grey water? (wastewater cannot be discharged to a residential drain or a storm drain) List the business Name and Address: Name and phone number of contact at discharge location:			
Specific discharge location at the business: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Mop Sink <input type="checkbox"/> Triple Sink <input type="checkbox"/> Hand Sink <input type="checkbox"/> Sewer Cleanout			
Wastewater must be discharged to a grease interceptor. List the size of the interceptor:		How much wastewater will you discharge, and how often? Example: 30 gallons a day	
Remarks:			
<p>Attestation 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."</p> <p>BMP Statement: "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
 P2Team@cityoftulsa.org

Or

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

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