



Metropolitan Sewerage District

OF BUNCOMBE COUNTY, NORTH CAROLINA

FOOD SERVICE ESTABLISHMENT APPLICATION

This form is used to determine the type of food establishment wastewater your business could be discharging to the Metropolitan Sewerage District's Wastewater Treatment Facility and the adequacy of grease control prior to discharge.

A complete application includes:

- (1) this form,
- (2) engineered kitchen plans,
- (3) site plan,
- (4) grease interceptor manufacturer's detail sheets, and
- (5) sizing calculations.

A. GENERAL INFORMATION

Establishment Name: _____

MSD Allocation Number (if known): _____

Mailing Address: _____

Location Address: _____

Owner Contact Name: _____

Owner Contact Phone: _____

Responsible Contact Person: _____

Contact Person Phone: _____

Contact Person Email: _____

Signature: _____

I certify that the facts and information in this application, including attachments, are true, complete, and accurate to the best of my knowledge.

B. FIXTURE SUMMARY

COMPONENT	NAME	PLUMBED TO GI? ¹							
2-Comp Sink				L (in)		W (in)		H (in)	
3-Comp Sink				L (in)		W (in)		H (in)	
4-Comp Sink				L (in)		W (in)		H (in)	
Bar Sink 1 Bowl				L (in)		W (in)		H (in)	
Dipper Well									
Dishwasher (Conveyor)					gallon				
Dishwasher (Door Type)					capacity				
Dishwasher (Undercounter)					gallon				
Dump Sink 1 Bwl					capacity				
Floor Drain				L (in)		W (in)		H (in)	
Floor Drain Emergency									
Floor Sink									
Hand Sink									
Ice Machine (With Drain)									
Soup Kettle									
Warming Table (with drain)					gallons				
Wok Range									
Mop Basin				L (in)		W (in)		H (in)	
Pre-Rinse Sink One Bowl				L (in)		W (in)		H (in)	
Prep Sink 1 Bowl				L (in)		W (in)		H (in)	
Prep Sink 2 Bowl				L (in)		W (in)		H (in)	
Other:				L (in)		W (in)		H (in)	
Other:				L (in)		W (in)		H (in)	
Other:				L (in)		W (in)		H (in)	
Other:					gpm ²				
Other:					gpm ²				

¹ Indicate Y/N if the fixture discharges to the grease interceptor

² gpm = Gallons Per Minute

Fixture Comments / Additional Information:

C. FOOD SERVICE INFORMATION

Type of Food Service Establishment / Menu: _____

If other, please list: _____

What appliances will be in the kitchen: _____ Fryer _____ Food Waste Disposal _____

Which best describes the serving ware: _____ Days open per week: _____

Meals Per Day: _____ Seating Capacity: _____ Size of Establishment (Sq Ft): _____

D. GREASE INTERCEPTOR INFORMATION (IF KNOWN)

GREASE INTERCEPTOR NO. 1

Grease Interceptor Manufacturer: _____ Model: _____

Grease Interceptor Rating*: gallons per minute: _____ gallons: _____ pounds of grease: _____

*(*submit copy of the manufacturer's detail sheet and sizing calculations)*

Describe where the interceptor will be installed: _____

Will it be buried? Yes No

Will it be installed in a vehicular traffic area? Yes No

What size drainage pipe will be connected to the grease interceptor (inches)? _____

List the Fixtures Plumbed to this Grease Interceptor: _____

GREASE INTERCEPTOR NO. 2

Grease Interceptor Manufacturer: _____ Model: _____

Grease Interceptor Rating*: gallons per minute: _____ gallons: _____ pounds of grease: _____

*(*submit copy of the manufacturer's detail sheet and sizing calculations)*

Describe where the interceptor will be installed: _____

Will it be buried? Yes No

Will it be installed in a vehicular traffic area? Yes No

What size drainage pipe will be connected to the grease interceptor (inches)? _____

List the Fixtures Plumbed to this Grease Interceptor: _____
