



City of Muscatine
Restaurant/Food Service Establishments



TO: City of Muscatine Food Service Establishments

SUBJECT: Grease Discharge Permit Renewal

All establishments issued a State of Iowa Food Service Establishment License are required to comply with the information contained in this letter.

The City of Muscatine, in compliance with Iowa NPDES Permit #7048001 and the federal General Pretreatment Regulations, adopted Title 13, Chapter 6, Section 16 to the City Code of Muscatine for Fats, Oils and Grease Control. The regulations require Food Service Establishments to operate and maintain fats, oils, and grease control equipment and to hold a **Grease Discharge Permit** (GDP) for the discharge of wastewater to the Publicly Owned Treatment Works. This reflects the City's efforts to prevent sanitary sewer overflows that may result from sewer blockages caused by the discharge of wastewater bearing fats, oils, and grease.

City ordinance requires all current GDP's to be renewed annually. **All GDP's will expire on May 1st annually and all applications and permit fees will be due on or before March 1st.** Late applications will be assessed a **\$300 late fee to your sewer bill each month past due.** City Code 13-6-16.4 (A) & (D-4) ; 13-6-11.2(A) & 13-6-10.6.

A copy of the Annual GDP Application has been attached to this letter. This application should be filled out in its entirety and returned to the City Finance Department with the required fee.

Incomplete applications will not be processed and could result in additional fees. A digital form may be found at muscataineiowa.gov/230/Fats-Oils-Grease-FOG. Questions relating to the application should be directed to pretreatment@muscataineiowa.gov or the Pretreatment Department at 563-263-2752.

See the chart below for GDP fee schedules (based on annual gross sales). Fees for the GDP are payable to the City of Muscatine, Finance Department, 215 Sycamore Street, Muscatine, IA 52761. Payment may be made with cash, check or credit card. For payment questions please call the Finance Department at 563-264-1550.

Annual Gross Sales	Grease Discharge Permit Fee
Less than \$50,000.00	\$50.00
\$50,000.00 to less than \$100,000.00	\$85.00
\$100,000.00 to less than \$250,000.00	\$175.00
\$125,000.00 to less than \$500,000.00	\$200.00
\$500,000 or more	\$225.00

\$300 Late penalty fee every month starting March 1st

\$ _____



City of Muscatine Restaurant/Food Service (RS/FE)

Grease Discharge Permit (GDP) Application



muscatineiowa.gov

Required for the Fats, Oils and Grease (FOG) Control Program as established by City Code

Please check the appropriate boxes, fill in all fields, sign and date. Submit to City of Muscatine Finance Dept. 215 Sycamore St. Muscatine, IA 52761 along with your required payment. **Incomplete forms will not be processed. Due March 1st \$300 late fee assessed to your sewer bill after March 1st.** Applications may be completed, signed and submitted digitally. Email completed forms and/or questions to pretreatment@muscataineiowa.gov. Permits will not be mailed until payment is received by the Finance Dept. For payment or other questions call Finance at 563-264-1550. Visit muscataineiowa.gov/230/Fats-Oils-Grease-FOG for digital applications.

New Business/New Application/Bus. Alterations Permit Renewal Only Permit Exempt Request Permit Exempt Renewal
(Permit Exempt Requests will be mailed or emailed a Permit Exempt Form for consideration and establishment inspection.)

Name of Business:

Name of Owner:

Facility Address:

Mailing Address:

Facility Phone:

Owner/Contact Phone:

Facility Email:

Owner/Contact Email:

Facility: (✓ all that apply) Full Service Restaurant Fast Food Restaurant Carry Out/Drive Thru
 Buffet/Cafeteria Hospital School/College Bakery
 Ice Cream/Dairy Products Religious Institution Nursing Home/Assist. Liv. Grocery Store
 Club/Organization Coffee Shop Convenience Store Tavern/Bar
 Catering Hotel/Motel Other: _____

Seating Cpty:	Hrs of Oper:	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Fixtures: (✓ all that apply)		<input type="checkbox"/> Deep Fryers # _____	<input type="checkbox"/> Grills # _____	<input type="checkbox"/> Ovens # _____	<input type="checkbox"/> Rotisserie # _____			
<input type="checkbox"/> Hot Dog Roller # _____		<input type="checkbox"/> Range/Stove: Burner# _____	<input type="checkbox"/> Wok Ranges # _____	<input type="checkbox"/> Tilt Kettles # _____				
<input type="checkbox"/> 3-compartment sinks # _____		<input type="checkbox"/> 2-compartment sinks # _____	<input type="checkbox"/> 1-compartment sinks # _____	<input type="checkbox"/> Hand sinks # _____				
<input type="checkbox"/> Garbage grinders # _____		<input type="checkbox"/> Dishwashers # _____	<input type="checkbox"/> Pre-wash sinks # _____	<input type="checkbox"/> Mop sinks # _____				
<input type="checkbox"/> Automatic Hood Cleaning		<input type="checkbox"/> Kitchen Floor Drains # _____	<input type="checkbox"/> Other _____					

Types of Grease Abatement (✓ all that apply)	Quantity	Serviced By:
<input type="checkbox"/> Outside Volume Based Interceptor	_____	Name of Pumper/Hauler: _____
<input type="checkbox"/> Passive (Manual)/Inside Grease Trap	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____
<input type="checkbox"/> Mechanical Removal Device	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____
<input type="checkbox"/> Unknown/Other/None	_____	<input type="checkbox"/> Self <input type="checkbox"/> Hauler name: _____

Outside Interceptor cleaned: Bi-Weekly Weekly Monthly Quarterly Semi-Annually Other _____
Inside Trap cleaned: Bi-Weekly Weekly Monthly Quarterly Semi-Annually Other _____

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of the City of Muscatine Sewer Use Ordinance. Moreover, based on 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 penalties for submitting false information, including the possibility of fine and imprisonment.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

Office Use Only

Amount Paid(Fee + Late Penalty) \$ _____ Date: _____ Receipt _____