



# District Health Department #10

Healthy People, Healthy Communities

## Addendum to Sewage Permit Application for Commercial Use.

Type of establishment or business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_/Shift      Students: \_\_\_\_\_      Patients: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_      Total Hours per day: \_\_\_\_\_

Total number of work shifts: \_\_\_\_\_      Total number of Bedspaces: \_\_\_\_\_

Total seating capacity: \_\_\_\_\_      Proposed meal periods per day: \_\_\_\_\_

**Indicate total number planned for each applicable item below:**

**For Food Service Establishment Only**  
**Indicate total number of fixtures:**

Apartment Units..... \_\_\_\_\_  
Hotel or Motel Units..... \_\_\_\_\_  
Classrooms..... \_\_\_\_\_  
Camp Sites..... \_\_\_\_\_  
Hair Styling Salon/Barber Shop Chairs..... \_\_\_\_\_  
Vehicles served per day (service stations)..... \_\_\_\_\_  
Swimming Pools, Spa Pools, Whirlpools..... \_\_\_\_\_  
Hospital, Clinic bed spaces..... \_\_\_\_\_

Garbage Disposal/Grinder Units..... \_\_\_\_\_  
Toilets/Water Closets..... \_\_\_\_\_  
Lavatories/Hand Sinks..... \_\_\_\_\_  
Janitorial/Slop Sinks..... \_\_\_\_\_  
Automatic Washing Machines..... \_\_\_\_\_  
Bath Tubs/Shower Stalls..... \_\_\_\_\_  
Urinals..... \_\_\_\_\_  
Ice Machines..... \_\_\_\_\_  
Fountain Pop Dispensers..... \_\_\_\_\_  
Ice Cream Machines..... \_\_\_\_\_  
Dipper Well..... \_\_\_\_\_  
Ice Bins..... \_\_\_\_\_

**Indicate total number of fixtures:**

Garbage Disposal/Grinder Units..... \_\_\_\_\_  
Toilets/Water Closets..... \_\_\_\_\_  
Lavatories/Hand Sinks..... \_\_\_\_\_  
Automatic Washing Machines..... \_\_\_\_\_  
Bath Tubs/Shower Stalls..... \_\_\_\_\_  
Urinals..... \_\_\_\_\_

Will this facility generate liquid waste from other than toilets, sinks, baths or Laundry? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will Floor Drains be installed? Yes \_\_\_ No \_\_\_

Name of person providing the above information: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

**For LHD Use Only**

Sewage flow per day estimated at \_\_\_\_\_ gallons per day.      Permit # \_\_\_\_\_