



WASTEWATER TREATMENT DIVISION

Mobile Food Establishment - Wastewater Management Plan

Business Name	___ New Application ___ Renewal	Date
Contact Person	Title	Phone
Mailing Address	City / State	Zip Code
Physical Address	City / State	Zip Code
Products/Services Provided. Please provide a brief description of food products and services:		
Wastewater Sources. Please indicate all source of wastewater (aka grey water) generated: ___ Hand Washing ___ Non-Contact Steam-Table Water ___ Dish/Utensil Rinsing/Washing ___ Waste Food/Liquids		
Wastewater Holding Capacity. Holding tank must have minimum capacity of 20 gallons. Holding tank capacity: _____ gallons Estimated volume of wastewater generated: _____ gallons per day		
Wastewater Disposal. Please provide the method and location where wastewater will be disposed. Wastewater from the food cart must either be removed by a DEQ-licensed Sewage Disposal Service (SDS) or discharged directly from the food cart into an approved location or facility ___ Disposed within City Limits; Location: _____ ___ Disposed outside City Limits; Location: _____ ___ Removed by DEQ-licensed Sewage Disposal Service		
Grease Interceptor Required. A grease interceptor, or "grease trap," is required to be installed on any Mobile Food Unit operating in the City of St. Helens that will discharge wastewater into the City's Sewer system, including but not limited to RV waste dump facilities. Mobile Food Units may be exempt from installing and maintaining a grease trap if the conditions in St. Helens Municipal Code (SHMC) 13.14.200(3)(b)(i)(A-E) are met and maintained.		
Certification 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."		
Typed or Printed Name of Person Signing		Title
Date Application Signed	Signature of Applicant or Representative	
Return to St. Helens City Hall or mail to: City of St. Helens Pretreatment Coordinator PO Box 278, St. Helens, OR 97051		Office Use Only ___ Approved ___ Denied By: _____ Date: _____
For more information please refer to Chapter 13.14 of St. Helens Municipal Code (SHMC) online at https://www.codepublishing.com/OR/StHelens/		

For questions please call: (503) 366-8247 Mon-Fri 8a-4p

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