



Request For Variance

State Form 51184 (12/02)

Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/233-7360

FAX: 317/233-7334

RECEIVED

OCT 07 2011

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT. OF HEALTH

1. Individual Submitting Request:

Date: 10 / 05 / 2011

Name: Daniel Knable Telephone: (502) 544-8094 Fax: (800) 308-8422

Mailing Address: _____ Email: dan@orangerestoration.com

Number & Street
P.O. Box 182 New Albany, IN 47151
P.O. Box City State Zip Code

2. Person/Organization Seeking Variance:

Name: Ice Monster LLC Email: dan@orangerestoration.com

Mailing Address: _____

Number & Street
P.O. Box 182 New Albany, IN 47151
P.O. Box City State Zip Code

3. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: (List here or attach additional pages if necessary)

- Physical Location (if different than mailing address): 903 State Street New Albany, IN 47150
- Mailing Address: PO Box 182 New Albany, IN 47151
(Number, Street, City, State, & Zip Code)
- Telephone Number: (502) 544-8094 Fax Number: (800) 308-8422
- Person at each retail food establishment most responsible for supervising: Daniel Knable

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary)

Ice Monster LLC is locating an ice vending machine at the named location. The ice maker produces condensation. We are proposing the condensation be discarded through a "French Drain System." Any gray water which is produced through the process of sanitizing the machine and from the hand washing sink would be captured in a holding tank and discarded in an off-site sanitary sewer system. A valve will be used to separate the two. Section 375 Conveying Sewage.

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: (Attach additional pages, if necessary.)

It is standard that gray water is disposed of through a sanitary sewage system. We are disposing of the gray water by capturing it in a holding tank for future disposal. This method is identical to past variances granted by the Indiana State Department of Health for identical operations. Please refer to the March 2009 Variance for Hoosier IceMan LLC.

6. List how the proposal demonstrates the following (if applicable to the request):

A) How the proposal differs from what is common and usual in similar industry situations:

It is standard that gray water be disposed of through a sanitary sewage system. We are disposing the gray water by capturing it in a holding tank for future disposal in a sanitary sewer.

B) How the proposal is unique and not addressed in existing rules or law:

There is very little gray water produced by this operation. The ice machine does not have a bathroom or restroom that produces a large amount of waste. The vast majority of water produced for disposal at this site will come from condensation during the ice making process.

C) How the proposal does not diminish the protection of public health:

The water being disposed of on site is condensation collected from humidity collecting on the refrigerant coils. The public and environment are not exposed to any additional pollutants.

D) How the proposal is based on new scientific or technological principle(s):

The water collected through the ice making process already exists in the environment as vapor. The French Drain is disposing of it as a liquid.

E) How the implementation of the variance would be practical:

The variance would prevent Ice Monster LLC from having to use a sanitary sewer system. A tap is available at the location but the use of it would be cost prohibitive and would not afford the environment or public any greater safety.

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:

The gray water is produced only when the machine is sanitized every six months. The process is conducted using a check list. The check list would include that the valve be switched to collect the gray water and its removal at the end of the sanitation process.

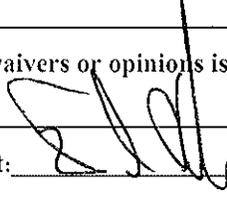
8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary)

Floyd County Health Department and New Albany Plan and Building Commission.

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.

For Office Use Only

10. Signature of Individual Making Request:



Printed Name, Title: Daniel Knable Partner, Ice Monster LLC

Mitchell E. Daniels, Jr.
Governor

Judith A. Monroe, M.D.
State Health Commissioner

Indiana State
Department of Health
An Equal Opportunity Employer

IN RE THE MATTER OF:

Ryan Edwards
Hoosier IceMan, LLC
405 Sunnyside Drive
New Albany, IN 47150

Re: Variance Request Dated March 23, 2009 and Section 375,
Conveying Sewage

Order to Approve a Variance

You are hereby notified that based on the recommendation of the Food Protection Program, Indiana State Department of Health (ISDH), and as authorized by Indiana Code (IC) 16-19-3-4.3 and IC 16-42-5-5.2, the State Health Commissioner hereby orders that a variance be **approved** to Ryan Edwards, Hoosier IceMan, LLC, 405 Sunnyside Drive, New Albany, IN 47150.

This variance approval is based on the variance application received on March 25, 2009 and supplemental information provided that ensued as a result of the review.

Order

This **VARIANCE APPROVAL** is based on the following conditions:

1. A hand washing sink will be installed in the Hoosier IceMan, LLC, 405 Sunnyside Drive, New Albany, IN 47150, as illustrated in the diagram submitted with the variance application.
2. The hand washing sink will be provided with hot and cold running water, hot water being provided through an on-demand electric water heater.
3. Only the water produced from the ice production may be drained into a French drain.
4. The wastewater produced from the hand washing sink and sanitizing the ice maker shall be diverted away from the French drain and drained and pumped aboard a holding tank on your service vehicle. A suitable valve to prevent wastewater leakage into the French drain must also be installed to facilitate this operation.
5. A written agreement must be contracted between the Hoosier IceMan, LLC and an existing entity for the approved disposal of the wastewater generated and collected from the Hoosier IceMan, LLC operation. A copy of the signed agreement and receipts for proof of any transactions shall be provided to the Clark County Health Department as proof of the approved disposal of the wastewater.

