NORTH CORNWALL TOWNSHIP

320 South 18th Street Lebanon, Pa. 17042 Phone: 717-273-9200

	For North Cornwall Twp. Use ONLY
	Permit No
. 1 4	Date Issued:
	Facility No
013	

TOWNSHIP

NORTH CORNWALL

## FATS, OIL AND GREASE DISCHARGE PERMIT APPLICATION

	Street Address:		
	City:	State:	Zip:_
	Phone: ( )	<u></u>	
2.	Corporate Office (if different)		
	Street Address:		
	City:	State:	Zip:_
	Phone: ( )		
3.	Designated signatory authority at the facilit (Attach similar information for each author	ry:	
3.	Designated signatory authority at the facilit (Attach similar information for each author	ry: ized representative.)	
	Designated signatory authority at the facilit	ry: rized representative.)	
	Designated signatory authority at the facilit (Attach similar information for each author Name/Title:  Designated contact person at the facility, if	ry: ized representative.) different:	
4. <b>SE</b>	Designated signatory authority at the facilit (Attach similar information for each author Name/Title:	ry: ized representative.) different:	
4. <b>SE</b>	Designated signatory authority at the facilit (Attach similar information for each author Name/Title:  Designated contact person at the facility, if Name/Title:  CTION B – WATER SUPPLY	ry: ized representative.)  different:	
4. <b>SE</b>	Designated signatory authority at the facilit (Attach similar information for each author Name/Title:  Designated contact person at the facility, if Name/Title:  CTION B – WATER SUPPLY Facility Name as it appears on the water bil	ized representative.)  different:	

Copies to: Applicant

FOG Inspector

North Cornwall Township

<b>SE</b> 1.	Are any changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider expansion and any other significant wastewater volume increases.   Yes  No						
2.	Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)						
SE	CCTION D – WASTEWA	TER TREATMENT A	IND GREASE HAULER INF	FORMATION			
1.	Does the facility have grease interceptor(s) or oil/water separator(s)?  ☐ Yes ☐ No						
2.	List the location, size, ar additional pages if neces		l interceptor(s) and/or oil water	er separator(s). (Use			
	Location	Size	Specifications	Type (check one)			
			1	☐ Grease Interceptor			
				☐ Oil/Water separator			
				☐ Grease Interceptor			
				☐ Oil/Water separator			
				☐ Grease Interceptor			
				☐ Oil/Water separator			
3.		plete the following)	regularly (i.e. pumped, at least	, on a quarterly basis)?			
	Location Service Frequency						
4.	Are there additives place  ☐ Yes (complete the fol  Type of additive and free	lowing) \( \subseteq \text{No} \)	s) or separator(s)?				
	Location	Ac	lditive	Frequency Added			

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5.	Name of Grease Hauler:							
	Street Address:							
	City:			;	State:		Zip:	
	Phone: ( )							
C.F.								
	SECTION E – FACILITY OPERATIONAL CHARACTERISTICS							
1.	Operational Inform	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
One	erating hours							
Ave	erage number of meals stomers) served*							
2.	2. List all major equipment used for food preparation (i.e. grills, fryers, sinks, dishwashers, food waste grinders, etc.)							
No	No. Equipment used for Food Preparation							
3. Automotive Facility Information:  Number of bays  Average number of vehicles served per day*  4. List Best Management Practices currently in use:								

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<sup>\*</sup>Average of most recent calendar quarter.

Provide a copy of the indoor and outdoor plumbing diagrams, which should include the location of all water meters, facility sewer connection, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. If no professional drawing exists, a blueprint of the facility showing the above items may also be attached.

## SECTION F – CONFIDENTIAL BUSINESS INFORMATION

All information contained in this application and corresponding *Fats, Oils, and Grease Discharge Permit* are considered Public Information and is available to any member of the public upon request. All data collected or submitted shall be made available to the public without restriction.

Confidential information is information that is considered proprietary, trade secrets, or has an adverse impact on a business advantage should it be divulged. Any information that is considered confidential will be handled as such and kept in our records department under separate cover and is not available to the public.

In order to claim information as confidential, the following criteria must be met and approved by North Cornwall Township.

- A separate sheet with the requested information shall be submitted for each question that you are asserting as confidential.
- The submittal shall be clearly marked as confidential.
- Submit with the application a separate statement for each question that your are requesting confidentiality indicating the reasons that you are asserting the information as confidential.

You will be notified if North Cornwall Township does not feel the information requested meets the criteria for confidentiality.

## SECTION G – AUTHORIZED SIGNATURES

I certify under penalty of law that this document and all its 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 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 or imprisonment for knowing violations.

As a generator of fats, oil and grease within North Cornwall Township (Township), I hereby certify that I and that the firm I represent are aware of the requirements of the Township and our activities as they relate to fats, oil and grease at this facility, and that I/we shall be in accordance with these requirements.

In consideration of being authorized to operate in the Township, the applicant agrees to save the Township and its Authorized agents harmless from any claims of a property owner or others arising out of our work.

Name	Title			
Signature	Date	Phone		

Copies to: Applicant FOG Inspector

North Cornwall Township