



**FATS, OIL AND GREASE  
DISCHARGE PERMIT APPLICATION**

**SECTION A – GENERAL INFORMATION**

Restaurant/Facility Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Corporate Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Designated signatory authority of the facility: (Attach similar information for each authorized representative.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (office) \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (office) \_\_\_\_\_ Cell \_\_\_\_\_

Designated facility contact:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (office) \_\_\_\_\_ Cell \_\_\_\_\_

**SECTION B – WATER SUPPLY**

Name as it appears on the water bill \_\_\_\_\_

Additional Names \_\_\_\_\_

Address \_\_\_\_\_

Water Service Account Number(s) \_\_\_\_\_

\_\_\_\_\_

Attach a copy of the last water bill.



**SECTION C – WASTEWATER DISCHARGE INFORMATION**

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 (If No, skip question 9)

2. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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**SECTION D – TREATMENT**

1. Does your facility have a grease interceptor or fixture traps?

- Yes
- No (If No, skip the next section)

2. List the location, size, and specifications for all grease interceptors at your facility.

Location	Size	Additional Specifications	Type (Circle One)
			Grease Interceptor / Fixture Trap
			Grease Interceptor / Fixture Trap
			Grease Interceptor / Fixture Trap

3. Are these grease interceptors serviced regularly (i.e. pumped on, at least, a quarterly basis)?

- Yes
- No (If No, skip the following section)



How often are they serviced?

Location	Service Frequency

4. Are there additives placed into the grease interceptor (i.e. enzymes, bacteria, etc.)?

- Yes
- No (If No, skip the next section)

How often are they added to the interceptor?

Location	Additive Frequency

List all additives used.

Location	Additive Name



**SECTION E – FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information:

Work Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Shifts worked per day:							
Employees Per Shift – 1 <sup>st</sup>							
2 <sup>nd</sup>							
3 <sup>rd</sup>							

2. List all major equipment used for food preparation at your restaurant (i.e. grills, fryers, dishwashers, sinks, etc.):

Type	Size/Specifications

3. Provide a copy of the indoor and outdoor plumbing floor 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, Oil and Grease Discharge Permit are considered Public Information and is available to any member of the public upon request. All effluent data collected or submitted shall be made available to the public without restriction.

Confidential information is information that is considered proprietary, trade secrets, or have 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 you 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**

**Authorized Representative Statement:**

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.

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Phone