

JEFFERSON COUNTY
 ENVIRONMENTAL SERVICES DEPARTMENT
 GREASE CONTROL PROGRAM
FOOD SERVICE FACILITY
GREASE CONTROL PROGRAM PERMIT APPLICATION

Facility Information

Facility Name: _____

Business License # _____ Tax ID # _____

Address: _____

Phone Number: _____

Facility Contact Name: _____

Position/Title: _____

Email Address: _____

Corporate Name: _____

Mailing Address: _____

Phone Number: _____

Food Service Activity

Provide a brief narrative of food service activity; list type of food served.

Provide NAICS code for this facility [see NAICS code book]

<u>Product or Service</u>	<u>NAICS Code</u>	<u>% of Activity</u>

Describe operations which generate wastewater: _____

For ESD Use Only

Date Received: _____ Check No. _____ New Construction: _____ On Septic: _____

Change of Ownership/Business: _____ Reviewed by: _____ Permit No. _____

Describe any wastewater pretreatment systems in place [grease interceptor, grease trap or grease removal device]. _____

Provide information on each grease interceptor, grease trap or grease removal device.

Location	Size/Capacity	Manufacturer	Model #	Additional Information

Fryer Oil Maintenance [Fryer oil cannot be discharged to sanitary sewer.]

Do you have fryer oil? Yes / No [circle one] Amount: _____gallons

If answer is no, skip to section on grease interceptor or grease trap maintenance.

Describe how fryer oil is handled: _____

Fryer Oil Hauler: _____

Address: _____

Contact _____ Telephone: _____

Fryer Oil Disposal Site: _____

Address: _____

Contact: _____ Telephone: _____

Grease Interceptor or Trap Maintenance:

Grease Interceptor or Trap Waste Hauler: _____

Address: _____

Contact _____ Telephone: _____

Grease Interceptor or Trap Waste Disposal Site: _____

Address: _____

Contact: _____ Telephone: _____

Frequency of grease interceptor or trap maintenance: _____

Describe how grease interceptor or trap maintenance is performed: _____

Does your company verify that all FOG wastes removed from your property are disposed of properly? Yes / No [circle one]

Water Account Numbers:

Name on Water Account: _____

Service Address: _____

Billing Address [if different]: _____

If your facility uses water from another source [well, etc.], describe: _____

ATTACH A COPY OF YOUR MOST RECENT WATER BILL FOR THIS FACILITY.

Provide an up to date copy of indoor and outdoor plumbing plans. These plans should include the location of all water meters, sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms, etc. Blue prints are acceptable. A “to scale” hand drawn sketch may be acceptable in some cases.

AUTHORIZED REPRESENTATIVE STATEMENT

I, being duly authorized to sign this document, and in consideration for the granting of a Food Service Facility Grease Control Permit, do hereby agree to allow duly authorized employees of the Jefferson County Environmental Services Department the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photography, or testing.

Additionally, I agree to abide by all applicable provisions of the Jefferson County Grease Control Program.

I understand that failure to abide by the terms of this permit may be cause for disconnection of sewer service to the property authorized to discharge by this permit.

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gathered 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 additional fees for submitting false information.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____