

# 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 NAICS code for this fa	ncility [see NAICS code book	1
Product or Service	NAICS Code	% of Activity
Describe operations which ger	nerate wastewater:	
	For ESD Use Only	
Date Received:Chec	•	tion:On Septic:
Change of Ownership/Busines		



Is wastewater dischar	rge <u>continuous</u> [wat	er le	ft running]	or <u>batch</u> [faucet tu	rned on only
when needed]?					
Months of operation_	Months of operationF		eak months	S	
Days of operation		0	Open on holidays?		
Total number of empl					
Number of employees	s - Shift 1		Гіте	to	
Number of employees	s - Shift 2		Гіте	to	
Number of employees	s - Shift 3		Гіте	to	
Total seating capacity	У		_[from Sew	ver Impact Departr	ment]
List all major equipme list sizes and capaciti Equip	•	•	ation; i.e. g	rills, fryers, dishwa	ashers, etc.;
List all sinks, the num pre-rinse, wash, sanit				their intended use	e; i.e. hand,
Location	Number of Compartments	Intended Lise		Size (gallons)	
Example: Kitchen	4 compartment	Rin	ise, wash, s	sanitize	30 gallons
	+	$\vdash$			



•	·	nent systems in plac		
or grease remov	/al device].			
Provide informat	tion on each grease	e interceptor, grease	e trap or grease	removal device.
Location	Size/Capacity	Manufacturer	Model #	Additional
Location	Olze/ Capacity	Wandracturer	Wodel #	Information
Fryer Oil Mainte	<u>enance</u> [Fryer oil <u>c</u>	annot be discharged	d to sanitary sew	/er.]
Do you have fry	er oil? Yes / No [ci	rcle one] Amount:	gallo	ns
If answer is no,	skip to section on g	rease interceptor or	grease trap ma	intenance.
Describe how fry	yer oil is handled: _			
Fryer Oil Hauler	:			
Address:				
Contact		Talanhana		
Contact		Telephone	): 	
Fryer Oil Dispos	al Site:			
Address:				
Contact:		Telephone	):	
•				
Grease Interce	ptor or Trap Maint	<u>enance:</u>		
Grease Intercep	otor or Trap Waste I	Hauler:		
		<u> </u>		
				_
<b>.</b>		<b>-</b>		



Grease Interceptor or Tr	p Waste Disposal Site:
Address:	
	Telephone:
Contact	relephone.
Frequency of grease into	ceptor or trap maintenance:
Describe how grease int	rceptor or trap maintenance is performed:
	that all FOG wastes removed from your property are disposed
Water Account Number	
Name on Water Accoun	
Service Address:	
Billing Address [if differe	t]:
If your facility uses wate	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:		