



FOG Division

Fats, Oils, and Grease (FOG) Discharge **Permit Application** Form

Return this form to:

Wastewater Collections FOG Department
609 South Old Corry Field Road
Pensacola, Florida 32507

Section: A

General Information

1. Facility Name: _____
2. Facility Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Website: _____
3. Business Mailing Address (If different from above) **DO NOT USE** P.O. Box Number
Street: _____
City: _____ State: _____ Zip Code: _____
4. Owner of Premise (If different than facility)
Name: _____
Address: _____
Telephone: _____
5. Designated Signatory Authority of the Facility
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail Address: _____
6. Designated Facility Contact
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail Address: _____

Section: B

Water Supply

1. Name as it appears on water bill: _____
Additional Name (If applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
2. Water Service Account Number (s):

3. What is your average and maximum monthly water usage:
Average _____ Monthly _____
4. What size water meter does your facility have: _____

Section: C

Facility Operational Characteristics

1. Please choose one description that best describes your facility:

<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Drive-Through (only) Restaurant	<input type="checkbox"/> School
<input type="checkbox"/> Seasonal Restaurant	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Company/Office Building
<input type="checkbox"/> Bakery	<input type="checkbox"/> Ice Cream Shop
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Hospital
<input type="checkbox"/> Religious	<input type="checkbox"/> Other _____

2. Please indicate each item that you currently have in your facility and the quantity of each:

	<u>Quantity</u>	<u>Capacity</u>	<u>Drain Size</u>
[] Grill	___	_____	_____
[] Oven	___	_____	_____
[] Dishwasher	___	_____	_____
[] Garbage Disposal	___	_____	_____
[] Tilt Kettle/Crock Pot	___	_____	_____
[] 3 Bay Pot Sink	___	_____	_____
[] 2 Bay Pot Sink	___	_____	_____
[] Mop Sink	___	_____	_____
[] Single Bay Sink	___	_____	_____
[] Deep Fryer	___	_____	_____
[] Hand Sink	___	_____	_____
[] Floor Drains	___	_____	_____
[] Pre Rinse Sink	___	_____	_____
[] Other Equipment	___	_____	_____

3. Provide a copy of indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, outside grease interceptor, inside grease trap, sink floor drains, dishwashers, restrooms, etc.

4. What is the seating capacity of your facility? _____

5. What is the number of customers served per day? _____

6. What are the days of operation? _____

7. What are the hours of operation? _____

8. A. Will any additives, such as bacteria or enzymes, be introduced into the grease interceptor for the purpose of reducing FOG? _____

B. If yes, provide information on the additives:

Section: D

Wastewater Discharge Information

- Please check the item, which best describes your current wastewater discharge:
 Existing Sewer Discharge Proposed (new) Sewer Discharge
 Existing Septic System
- Are there any changes or expansions planned in the next three years that could alter the wastewater volume and characteristics?
 Yes No
- If yes to question # 2, briefly describe these changes and the anticipated effects on the wastewater volume and/or characteristics?

Section: E

Treatment

- Do you have a grease interceptor or grease trap?
 Interceptor Trap Both None
- Complete the following for all grease removal device (s):
 - Make and Model: _____
Location (Kitchen, parking lot, etc.): _____
Capacity of grease removal device (In gallons): _____
 - Make and Model: _____
Location (Kitchen, parking lot, etc.): _____
Capacity of grease removal device (In gallons): _____
- How often **will** the interceptor or grease trap be cleaned and contents removed?

- Who will be responsible for maintenance of the grease interceptor(s)?
 Employees of the Food Service Establishment (FSE)
 Approved Grease Hauler Hauler's Name: _____
- If employees are responsible for maintenance, describe how they will be trained and how the training and maintenance will be documented?

- If the **INDOOR** grease trap is being maintained on-site, how **will** you dispose of the waste after cleaning the trap?
 Trash Contractor Will Dispose of Grease Recycle Other?
