



FATS, OILS AND GREASE REGISTRATION FORM

INSTRUCTIONS

In an effort to reduce and/or eliminate costly sanitary sewer overflows as well as potential dangers of flammable liquids in our sewer systems, all Food Service Establishments (FSEs) connected to SGWASA's sewer system are required to register their establishment with the SGWASA FOG (Fats, Oils and Grease) program.

All sections of this application must be completed by an official of the FSE in order for SGWASA to properly process this document. Questions pertaining to this form and the Fats, Oil and Grease program should be directed to **Shanell Thomas; at 919-575-3111. Or email sthomas@sgwasa.org.**

Application Submission Time Frames:

SGWASA is requesting that this form be completed and returned to us **within 30 days of receipt for existing FSE's and no less than 30 calendar days prior to commencing food preparation activities for new FSE's.** Upon Return of the form, you will be contacted to set up an annual inspection. **Thank you for your cooperation.**

Please refer to the following definitions when filling out this form.

Authorized Representative of the Food Service Establishment (FSE) means the following:

- (a) If the FSE is a corporation:
 - (1) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - (2) The manager of one or more operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual FOG Registration requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (b) If the FSE is a partnership or sole proprietorship: a general partner or proprietor, respectively.
- (c) If the FSE is a Federal, State, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
- (d) The individuals described in paragraphs (a) through (c), above, may designate a duly authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the Director.

Designated Facility Contact is the person responsible for day to day activities and operation of the FSE



FATS, OILS AND GREASE REGISTRATION FORM

PLEASE PRINT CLEARLY!

SECTION A - General Information

Name of FSE: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Website of FSE: _____

Email Address of FSE: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____

This FSE is the owner of the building: Yes No

If no, please complete the following:

Landlord/Property Owner Name: _____

Address of Property Owner: _____

City: _____ State: _____ Zip Code: _____

Property Owner Telephone Number: _____

Name of Owner of FSE: _____

Email Address: _____

Please select the best method for contacting the owner of the FSE:

Physical Address of FSE Email of FSE Neither.... If neither, please complete the following:

Owner of FSE Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Owner: _____

PLEASE PRINT CLEARLY!

SGWASA WWTP FOG Registration Application

Authorized Representative of the Facility:

Name: _____ Title: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Designated Facility Contact:

Name: _____ Title: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

When did this FSE begin operations under the current owner? If prior to 2015, please enter the year only. _____

Section B - Facility Information

Please provide site and plumbing plan(s) for all buildings, structures, facilities or installations that discharge or may discharge into SGWASAs sewer system. Plumbing plans should include floor diagrams, sewer connections, grease traps, sink drains, floor drains, dishwashers, restrooms, etc. If there are multiple FOG control devices, label appropriately and use the same references in Section E of this application.

Are there any changes or expansions planned in the next three years?

- Yes
- No

Section C - Type of Food Service Facility

Please choose those that best describe your facility.

- | | | |
|---|--|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Drive Thru (only) | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Meat Processor |
| <input type="checkbox"/> Catering (Inc. mobile) | <input type="checkbox"/> Food Packager | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Church | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> School |
| <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Full Service | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Hospital | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Take Out |
| <input type="checkbox"/> Other, specify: _____ | | |

Please attach all menus for this facility.

PLEASE PRINT CLEARLY!

Section D - Operation

Operating Hours & Number of Meals Served:

Please indicate, in the table below, the hours of operation (including preparation and clean up time) as well as the typical number of meals served on each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours (ex. 10am – 11:30pm)							
Avg. # of Meals							

Number of meals served during busiest time of day: _____

Facility seating capacity: _____

Number of employees on largest shift: _____

Equipment and Serving Information

Please check all that apply and indicate the quantity & dimensions of each item as applicable:

- Commercial Dishwasher _____
- Garbage Disposal or Food Grinder _____
- 3-Basin Sink _____ (Quantity & dimensions)
- 2-Basin Sink _____ (Quantity & dimensions)
- 1-Basin Sink _____ (Quantity & dimensions)
- Hand Sink _____ (Quantity & dimensions)
- Mop Sink _____ (Quantity & dimensions)
- Grill _____
- Stove/Oven _____
- Deep Fryer _____
- If checked: Is it used for daily food preparation Yes No
- Floor Drains _____
- Drive-Thru _____
- Full kitchen that serves food on dishes that are washed on site
- Full kitchen that serves food on disposable dishes or dishes not washed on site
- Prepares prepackaged food and serves food on dishes that are washed on site
- Prepares prepackaged food and serves food on disposable dishes
- Limited use kitchen-carry-in for prep and clean-up
- Prepares food served in disposable packaging
- Other: _____

PLEASE PRINT CLEARLY!

SGWASA WWTP FOG Registration Application

Section E - Treatment or FOG Control

Grease Trap Grease Interceptor Both None

Brand Name: _____

Model: _____

Flow Rate (GPM): _____ Capacity (lbs): _____

Location: _____

Devices/Fixtures Connected to FOG Control Device: _____

Cleaning Frequency: _____

*If there are additional FOG control devices, please attach a separate piece of paper with the above information included for each additional device.

If the **INDOOR** grease trap is being maintained in-house, how do you dispose of the waste after cleaning the trap?

Trash

Contractor disposes of grease

Recycle

Other: _____

Grease Trap/Interceptor Hauler Information:

If a contractor(s) cleans the grease trap and/or interceptor, please provide the following:

Contracting Company Name: _____

Contact Name (if applicable): _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Hauler: _____

Additive Information:

Does your facility use any additives in the plumbing, grease interceptor or grease trap? (i.e., enzymes, bacteria, etc.)?

Yes No

If yes, please complete the following table and attach a Safety Data Sheet for each product.

Location	Additive Name	Amount Added	Additive Frequency

PLEASE PRINT CLEARLY!

SGWASA WWTP FOG Registration Application

If your facility has grills/ovens what type of exhaust cleaning system do you use?

Automatic Manual Not Sure Not Applicable

Does your facility recycle fryer oil?

Yes No Not Applicable

If yes:

Recycling Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

If no, what do you do with your spent oil?

Is there a recycling container on-site?

Yes No

If yes, where is it located? _____

All FSEs are **required** to have a FOG Spill Contingency Plan. Please attach a copy of your FOG Spill Contingency Plan to this application. At a minimum, this plan should include the following information:

- How are you going to prevent the spill from going down any floor or storm drains on the property?
- How will spill clean-ups be handled?
- What will be done with the mop water and any rags or other supplies used in cleaning the spill?

Do you have an oil spill clean-up kit?

Yes No

A spill clean-up kit is recommended.

Section F - Additional Information

Is there any additional information or unique circumstances regarding the facility or property that SGWASA should be aware of (such as apartments connected to or in the same building as the FSE, additional sources of waste water beyond those of the FSE)?

****Please attach additional sheets if necessary.**

PLEASE PRINT CLEARLY!

SGWASA WWTP FOG Registration Application

Section G - Certification

Please initial each appropriate line to indicate the following attachments have been included with the application:

Required Documents:

- _____ Plumbing Plan (Section B)
- _____ All menus for FSE's (Section C)
- _____ Spill Contingency Plan (Section E)

Additional Documents (As Needed):

- _____ Additional Interceptor Information
(Section E)
- _____ Safety Data Sheets (Section E)

I certify that the information submitted is true, accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____

Please Return This Form & Associated Documents To:

South Granville Water and Sewer Authority
 ATTN: Shanell Thomas
 415 B Central Avenue
 Butner, NC 27509
 Or by email: sthomas@sgwasa.org

PLEASE PRINT CLEARLY!

SGWASA WWTP FOG Registration Application