

## Instructions

### for Completing the Albemarle County Service Authority Fats, Oils and Grease (FOG) Abatement Program Waste Discharge Permit Application

The information you provide in completing this permit application form will be important for the Albemarle County Service Authority (ACSA) in assessing your restaurant or other food service establishment. Please complete all sections of the application form to the best of your knowledge. If an item is not applicable to you, it would be best to enter an "N/A" in the space provided. All information you provide on the form will remain confidential with the ACSA.

#### Section A – General Information

1. **Facility Name.** Use the name by which the establishment is commonly known. If the establishment is located within another business, list the other business in parentheses. If the establishment is a snack shop or cafeteria of an institution or company, and has a unique name, list the institution or company in parentheses.

For example:

- Sullivan's Sub Shop (West End Texaco)
- Eating Right (Monroe Memorial Hospital)
- The Chart Room (The Beachcomber Motel)

2. **Physical Address.** Self-explanatory.
3. **Mailing Address.** Self-explanatory.
4. **Designated Facility Contact.** This should be the one person who the ACSA can typically contact during normal business hours if an issue or question arises. The designated facility contact is likely the person who is completing this application form. This will often be an owner, administrator, or manager, but may possibly be a long-tenured employee. With the relatively high mobility of employees, it would be preferable for this person to be one who will likely remain with the establishment for some time. An e-mail address that you provide will not be shared with anyone.
5. **Designated Contact for Permit/Permit Fees.** This may be the same person listed in #4 above. However, for the regional and national restaurants, as well as facilities with corporate ownership, this may be handled by another person or department in another location. **It is very important that we have the proper contact for sending your permit and for invoicing the permit fees.**
6. **Building Ownership.** Self-explanatory.

7. **Building Ownership.** Self-explanatory.

### **Section B – Food Service Establishment Category**

Choose the **one** best facility description or select “Other” and enter a descriptive term.

### **Section C – Facility Operation**

1. **Seating Capacity.** List the maximum seating capacity related to the food service operations of the facility, even if the normal customer volume is a fraction of this number. If the food service operation is entirely of a “take-out” nature, list the seating capacity as “0.” For an institutional establishment in which meals are served both in a dining room as well as in individual patients’ rooms, list the sum of these numbers, or the maximum patient census.
2. **Hours of Operation.** Refer to the example given on the application form. Do not leave any of the spaces blank; if your facility is not open for business on a given day(s), indicate with a “—” or an “N/A.”
3. **Additional Information.** If applicable, enter such information as “closed in January,” “annual Christmas event in mid-December generally attended by 150 people,” “fall fund-raiser dinner, 75-100 people,” or “weekly men’s breakfast, September – May.”
4. **Kitchen Appliances and Fixtures.** Indicate the type of appliance or fixture located in your facility by entering the number of each device. If your facility does not contain a particular appliance or fixture, enter “0” or “N/A.” If your facility contains a food preparation appliance other than the ones listed, write in the name of the appliance(s) and the number of each device.
5. **Fume/Grease Hood Cleaning.** In particular, indicate if any of the grease enters the plumbing system.
6. **Fume/Grease Hood Cleaning.** Self-explanatory.
7. **Kitchen Best Management Practices program.** Self-explanatory.
8. **Kitchen Best Management Practices program.** If you are unfamiliar with a kitchen BMP program, indicate here. The ACSA will provide you with the necessary information.



## **Section D – Grease Control Device(s)**

1. **Information on Grease Traps and Interceptors.** Enter the requested information in the chart using the examples provided.

A **grease trap** is a small grease control device that is located within the kitchen of the facility, typically beneath, or close to, a sink, but occasionally positioned in the floor. It generally holds fewer than 50 gallons of liquid. A **grease interceptor**, meanwhile, is an underground tank or vault that is located outside a facility. It holds from several hundred to a few thousand gallons of liquid and has access lids positioned at ground level.

If your facility has more than one grease control device, enter the information for each device in the chart.

2. **Solids Screen/Interceptor.** A solids screen or solids interceptor would be positioned after the drainage from a sink or dishwasher, but before the flow reaches the grease control device.
3. **Solids Screen/Interceptor.** Self-explanatory.
4. **Flow Control Valve, Grease Trap.** This would be located on the inlet side of the grease trap.
5. **Additives, Bacterial or Enzyme.** These products are marketed as an aid to keeping grease traps and interceptors clean. Bacteria, or biological enzymes, may be accepted by the ACSA. However, chemical enzymes are NOT allowed since they only serve to emulsify (liquefy) the grease, which later results in coagulation (hardening) in our sewer lines.
6. **Additives, Bacteria or Biological Enzymes.** If you use one or more of these products, provide the information requested in the chart, and attach a copy of the Safety Data Sheet (SDS) for each product.

## **Section E – Authorized Signature.**

Self –explanatory.

02/21/2022