

FATS, OILS AND GREASE (FOG) ABATEMENT PROGRAM

WASTE DISCHARGE PERMIT APPLICATION

Note: Please read the attached instructions prior to completing this application.

Return the completed form to: Angel Monterrozo
Albemarle County Service Authority
168 Spotnap Road
Charlottesville, VA 22911
amonterrozo@serviceauthority.org

Section A – General Information

1. **Facility Name:** _____

2. **Physical Address:** _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____ Website: _____

3. **Mailing Address** (if different from above): _____

City: _____ State: _____ Zip: _____

4. **Designated Facility Contact:**

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

5. **Designated Contact for Permit/Permit Fees (if different from #4 above):

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

6. Is the building owned or leased? OWN / LEASE _____

7. If the building is leased, provide the following information:

Building Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Section B – Food Service Establishment Category

Choose the one description below that best describes your facility. Check the corresponding box.

- | | |
|--|--|
| <input type="checkbox"/> Restaurant, Full Service | <input type="checkbox"/> Bar/Pub/Tavern |
| <input type="checkbox"/> Restaurant, Fast Food | <input type="checkbox"/> School, Public |
| <input type="checkbox"/> Restaurant, Pizza | <input type="checkbox"/> School, Private |
| <input type="checkbox"/> Sub Shop/Delicatessen | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Nursing Home/Assisted Living |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Daycare (Children) |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Daycare (Adult/Elderly) |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Jail/Correctional Facility |
| <input type="checkbox"/> Supermarket/Grocery Store | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Church/Religious Institution |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Industry/Company/Office Bldg. |
- Other _____

Section C – Facility Operation

1. What is the approximate seating capacity of your facility? (see instructions)

2. Complete the chart below for your normal hours of operation and the number of meals or customers served.

| Day | Hours of Operation | Total Hours | Approx # of Meals or Customers Served |
|---------------------|----------------------------|--------------------|--|
| <i>Example- Wed</i> | <i>10:00 am – 11:00 pm</i> | <i>13</i> | <i>235</i> |
| Sunday | | | |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |

3. Provide any additional information to supplement the chart above. This may include a seasonal nature of operations, annual functions, or other variations from a normal schedule.

4. Indicate the number of the following kitchen appliances and fixtures currently located in your facility.

| Appliance | Number | Fixture | Number |
|------------------|---------------|--|---------------|
| Grill | | Fume/Grease Hood | |
| Wok Stove | | Dishwasher, Chemical Sanitizing (130 ⁰ F) | |
| Skillet | | Dishwasher, High Temperature (160 ⁰ F) | |
| Deep Fryer | | Pre-Rinse Station | |
| Rotisserie | | Sink, 1 Bay | |
| Stove Top | | Sink, 2 Bay | |
| Oven | | Sink, 3 Bay | |
| Kettle/Crockpot | | Garbage Disposal/Food Grinder | |
| Other () | | Sink, Mop | |
| Other () | | Floor Drain | |

5. If a fume/grease hood is present, describe how the hood is cleaned of grease.

6. If the cleaning of a fume/grease hood is contracted to another company, provide the name of the company and the frequency of cleaning.

7. As an effort to keep grease out of the drains and sewer system, has a kitchen Best Management Practices program been instituted? **YES / NO** _____

8. If you answered yes for #7, briefly describe the program. _____

Section D – Grease Control Device(s)

Section 19 of the Rules and Regulations of the Albemarle County Service Authority requires each food service establishment, existing or new, to install a grease control device(s) in an effort to minimize the grease discharged to the ACSA wastewater collection system.

1. Complete the charts below for the grease control device(s) currently located at your facility. See the attached instructions for the distinction between the two devices.

| Device | Location | Size (gallons or dimensions) | Serviced by | Cleaning Frequency |
|----------------|-------------------------|-------------------------------------|--------------------|---------------------------|
| <i>Example</i> | <i>Under 3-bay sink</i> | <i>24" L x 17" W x 12" H</i> | <i>self</i> | <i>Twice per month</i> |
| Trap #1 | | | | |
| Trap #2 | | | | |
| Trap #3 | | | | |

| Device | Location | Size (gallons or dimensions) | Serviced by | Cleaning Frequency |
|----------------|-------------------------------------|-------------------------------------|------------------------|---------------------------|
| <i>Example</i> | <i>Parking lot-rear of building</i> | <i>1,500 gallons</i> | <i>Valley Proteins</i> | <i>Every 8 weeks</i> |
| Interceptor #1 | | | | |
| Interceptor #2 | | | | |

NOTE: This does **not** refer to the recycled grease container you may use, and is collected periodically by the service company.

2. Is there any type of solids screen or solids interceptor installed (other than the standard sink baskets)? **YES / NO** _____

3. If you answered yes to #2, briefly describe. _____

4. Is there a flow control valve for each grease trap? **YES / NO** _____

Explain if necessary. _____

5. Is there any bacterial, or biological enzyme, additive placed in the plumbing, grease trap(s), or grease interceptor(s)? **YES / NO** _____

NOTE: Chemical enzyme additives are NOT allowed.

6. If you answered yes to #5, complete the following chart, and attach a Safety Data Sheet for each product:

| Additive Name | Location of Use | Amount and Frequency of Use |
|---------------|-----------------|-----------------------------|
| | | |
| | | |
| | | |

Section E – Authorized Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name

Title

Signature

Date