

St. Johns County Utility Department FOG Wastewater Discharge Permit

Restaurant Name: _____

1. Do you or your company own more than one building that prepares or processes food and generates a wastewater discharge?

Yes _____ No _____ Don't Know _____

2. Please circle the one description that describes the facility for which this application is being made.

- | | |
|---------------------------------|-------------------------------|
| Fast Food Restauarant | Hospital |
| Full Service Restaurant | Nursing Home |
| Drive through (only) Restaurant | School/College |
| Seasonal Restaurant | Club/Organization |
| Coffee Shop | Company/Office Building |
| Bakery | Other (please describe below) |
| Supermarket | _____ |

3. Please check the item below that applies to your facility:

Existing Sewer Discharge _____ Proposed (new) Sewer Discharge _____
Existing Septic Discharge _____ Proposed (new) Septic Discharge _____

4. Facility Premise Address: _____

5. Facility Mailing Address (If different from premise address):

Company Name: _____
Address: _____

6. Business Phone Number: () _____

Alternate Phone Number: () _____

Fax Number: () _____

Email Address: _____

7. Does this company own or rent the building?: Own _____ Rent _____

8. Property Owners Name: _____
Property Owners Address: _____

9. Designate Company Organization (please check one):
_____ Sole Proprietorship _____ Corporation _____ Partnership

If your Company Organization is designated as a **Corporation**, complete number 10 below.
If your Company Organization is designated as a **Partnership or Sole Proprietorship**, complete number 11.

10. A Corporation organized under the laws of: _____

	<u>Name</u>	<u>Home Address</u>	<u>Home Phone</u>
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

11. Name, Title and Home address of company owner(s) if sole proprietorship or partnership:

Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____	Home Address: _____
_____	_____
_____	_____
Home Phone: () _____	Home Phone: () _____

12. Seating capacity at your place of business, please circle the appropriate number:
0 to 50 51 to 100 101 to 250 Over 250

13. Please circle each day that you are open for business:
Monday Tuesday Wednesday Thursday Friday
Saturday Sunday

14. Please circle the following meals that are served at your facility:

15. Please check each of the items below that are present in your kitchen facilities:

- | | | | |
|-----------------------|-----------|----------|------------------------|
| A. Fryolators | Yes _____ | No _____ | If yes, how many _____ |
| B. Grills | Yes _____ | No _____ | If yes, how many _____ |
| C. Ovens | Yes _____ | No _____ | If yes, how many _____ |
| D. Tilt kettles | Yes _____ | No _____ | If yes, how many _____ |
| E. Garbage grinder | Yes _____ | No _____ | If yes, how many _____ |
| F. Three bay pot sink | Yes _____ | No _____ | If yes, how many _____ |
| G. Two bay sink | Yes _____ | No _____ | If yes, how many _____ |
| H. Single bay sink | Yes _____ | No _____ | If yes, how many _____ |
| I. Prerinse sink | Yes _____ | No _____ | If yes, how many _____ |
| J. Dishwasher | Yes _____ | No _____ | If yes, how many _____ |
| K. Mop sink | Yes _____ | No _____ | If yes, how many _____ |
| L. Wok | Yes _____ | No _____ | If yes, how many _____ |

16. If your kitchen facility has fryers, grills and/or ovens, which type of exhaust cleaning system do you use to clean the filters?

Automatic cleaning system _____ Manual cleaning system _____

17. If you manually clean your exhaust hood filters, where are they cleaned?

_____ Offsite (Contractor) Name: _____

Phone number: (_____) _____

_____ Onsite (i.e. 2 bay sink, 3 bay sink, dishwasher, floor drain, outside parking lot drain, other)

Please describe in detail if onsite: _____

18. Does this facility have a grease trap?

Yes _____ No _____

If you answered yes, please complete questions 19 through 22:

19. Please complete the following for each grease trap in place:

Number of traps: _____ Size: _____ Manufacturer: _____

Passive _____ or Automatic _____

Indoor _____ or Outdoor _____

Location _____
(i.e., under three bay sink, in basement, outside in-ground, other location)

20. Which choice below best describes how often this grease trap is cleaned?

PLEASE CIRCLE ONE:

- | | |
|-----------|------------------|
| Daily | Quarterly |
| Weekly | Every Six Months |
| Bi-Weekly | Yearly |
| Monthly | Never Clean It |

21. **For OUTDOOR IN-GROUND TRAPS only:**

If an outdoor in-ground grease trap(s) is utilized, list the name and telephone number of the company who pumps out the trap.

Company name: _____

Business phone number: _____

22. **For INDOOR UNDER-THE-SINK TRAPS only:**

If an indoor, under the sink grease trap is utilized, describe waste disposal method after cleaning:

23. If **used fryer or grill grease** is being recycled or rendered, where is it stored?

Inside building _____ Outside building _____ We don't recycle it _____

24. Do you use any additives in your grease traps, floor drains, sewer lines, etc. to help clean them?

Yes _____ No _____

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application.

Enzymes _____ Bacteria _____

Chemicals _____ Other _____

Product name: _____

25. Estimated water usage per month (Refer to water bill): _____ gal/month

Please fill out and sign the following page, attach a copy of your menu and return.

Designation of Authorized Agent:

I, _____ certify that I am the _____ of
(name) (title)
_____ and that _____ is authorized to
(business name) (name)
make submittals on behalf of _____ and that said submittals are duly
(business name)
signed for and on behalf of said corporate powers.

(signature)
Corporate Seal/Authorized Agent

(printed name)

