



FATS, OILS AND GREASE (FOG) PERMIT

ESTABLISHMENT INFORMATION

Name of Establishment _____ Date _____
Business Address _____ Telephone # _____
Mailing Address (if different) _____
Name & Title of Applicant _____ Telephone # _____
Address of Applicant _____
E-mail _____
Name of Owner (if different from applicant) _____

FACILITY OPERATIONAL CHARACTERISTICS

Type of Establishment: ☐ Retail (_____ sq. ft.) ☐ Food Delivery
(check all that apply) ☐ Food Services (_____ seats) ☐ Food Services – Takeout
☐ Food Services – Institution (_____ meals/day) ☐ Residential Kitchen
☐ Caterer ☐ Limited Retail Prepackage
☐ Other: _____

Days and Hours of Operation: _____

Indicate the quantity of each item that you currently have or will install in your facility:

_____ Grill	_____ Deep Fryer	_____ 3 Bay Pot Sink
_____ Oven	_____ Floor Drains	_____ 2 Bay Pot Sink
_____ Dishwasher	_____ Hand Sink	_____ Single Bay Sink
_____ Pre Rinse Sink	_____ Tilt Kettle/Crock Pot	_____ Other Equipment
_____ Mop Sink	_____ Garbage Disposal	

DISCHARGE INFORMATION

Fill in the following information about your current wastewater flow (if known).

_____ Maximum Daily Flow (gpd)	_____ Average Daily Flow (gpd)
_____ No. of hours per day discharge occurs	_____ Start Date of Discharge

GREASE TRAP/INTERCEPTOR INFORMATION

ID #	Location	Make, Model & Size	New or Existing	Recommended Cleaning Frequency**

** **Important Note:** At a minimum, grease traps and interceptors must be cleaned when FOG and solids accumulate to 25% of the device volume ("25% Rule").



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SUPPORTING DOCUMENTATION CHECKLIST

Identify the supporting documentation attached to this form. If "Other" or "None", please provide an explanation.

- ☐ Copies of Grease Trap/Interceptor Cleaning & Disposal Logs
- ☐ Copies of Hauling Receipts/Waste Disposal Manifests
- ☐ Copies of Employee Training Records
- ☐ Other: _____
- ☐ None: _____

GREASE DISPOSAL / HAULER OR GREASE RECYCLER INFORMATION

Name _____ Telephone # _____
Name _____ Telephone # _____

A list of grease haulers is available on the Water & Sewer Department website: www.cityoflawrence.com/water

BEST MANAGEMENT PRACTICES

Identify the Best Management Practices (BMPs) to be implemented by the permittee to minimize the adverse environmental effects of activities authorized under this permit. More information on BMPs is available in the FOG Program Manual on the Water & Sewer Department website: www.cityoflawrence.com/water

- ☐ Train kitchen staff.
- ☐ Clean grease traps/interceptors routinely.
- ☐ Witness all grease trap cleaning and maintenance.
- ☐ Dispose of used oil through a grease hauler.
- ☐ Recycle waste cooking oil.
- ☐ Keep maintenance logs.
- ☐ Post "No Grease" signs.
- ☐ Dry wipe pots, pans, and dishware prior to dishwashing.
- ☐ Cover outdoor grease & oil storage containers.
- ☐ Use absorbent pads or other material to clean up spilled fats, oils and grease.
- ☐ Other: _____

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and affirm that 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. I certify that upon approval of the permit, this establishment's operation and its resultant wastewater discharge will achieve consistent compliance with the City of Lawrence's FOG Ordinance and applicable federal and local wastewater discharge requirements.

Signature of Applicant _____ Date _____

Please be aware that per Chapter 8.32 of the Revised Ordinances, the City of Lawrence has the right to inspect the facility to ensure all requirements of the FOG Ordinance are being met.

TO BE COMPLETED BY THE WATER & SEWER DEPARTMENT:

Signature of Commissioner _____ Date _____