



# 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").



# FATS, OILS AND GREASE (FOG) PERMIT

## 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](http://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](http://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 \_\_\_\_\_