



Clay Township Regional Waste District

www.ctrwd.org • (317) 844-9200 • Fax (317) 844-9203

FATS, OIL AND GREASE DISCHARGE PERMIT APPLICATION FORM

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

RETURN THIS FORM TO:

CTRWD
F.O.G. Coordinator
10701 N. College Ave
Suite A
Indianapolis, IN 46280

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
2. Facility Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Website: _____
3. Business Mailing Address: (if different from 2. above) **DO NOT USE P.O. BOX**
Street: _____
City: _____ State: _____ Zip: _____
4. Owner of Premises (if different than facility):
Name: _____
Address: _____
Telephone Number: _____
5. Designated signatory authority of the facility: _____
[See Instructions]

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____
6. Designated facility contact:
Name: _____
Title: _____
Telephone Number: _____ E-mail Address: _____

SECTION B – FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility.

- | | |
|--|--|
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Nursing Home / ALF |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Drive Through (only) Restaurant | <input type="checkbox"/> School |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Club / Organization |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Company / Office Building |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Other _____ |

2. Please indicate each item that you currently have in your facility and the quantity of each or will install:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Grill | _____ | <input type="checkbox"/> Tilt Kettle / Crock Pot | _____ |
| <input type="checkbox"/> Oven | _____ | <input type="checkbox"/> Garbage Disposal | _____ |
| <input type="checkbox"/> Dishwasher | _____ | <input type="checkbox"/> 3 Bay Pot Sink | _____ |
| <input type="checkbox"/> Pre Rinse Sink | _____ | <input type="checkbox"/> 2 Bay Pot Sink | _____ |
| <input type="checkbox"/> Mop Sink | _____ | <input type="checkbox"/> Single Bay Sink | _____ |
| <input type="checkbox"/> Deep Fryer | _____ | <input type="checkbox"/> Hand Sink | _____ |
| <input type="checkbox"/> Floor Drains | _____ | <input type="checkbox"/> Other Equipment | _____ |

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. (see instructions for additional information).

4. What is the seating capacity at your Facility? _____

5. What are the days and hours of operation? _____

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.

- | | |
|---|---|
| <input type="checkbox"/> Existing Sewer Discharge | <input type="checkbox"/> Proposed (New) Sewer Discharge |
| <input type="checkbox"/> Existing Septic System | |

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volumes or characteristics?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. If yes to question 2 above briefly describe these changes and their effects on the wastewater volume and characteristics. (Attach additional sheets if needed.)

SECTION D – TREATMENT

1. Do you currently have a grease interceptor or grease trap? (see instructions for definitions)

- Interceptor Both
 Trap None

2. Complete the following for all grease removal device(s):

- a.** Make and Model: _____
 Location (kitchen, parking lot, etc.): _____
 Capacity of grease removal device (in gallons): _____

b. Make and Model: _____
 Location (kitchen, parking lot, etc.): _____
 Capacity of grease removal device (in gallons): _____

3. If the **INDOOR** grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?

- Trash
 Contractor disposes of grease
 Recycle
 Other explain: _____

4. If a contractor(s) cleans the **INDOOR or OUTDOOR** grease removal device(s), please list the following:

- a.** Contractor Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____

b. Contractor Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____

5. If your facility has grills / ovens which type of exhaust cleaning system do you use?

- Automatic Manual

6. Are there any additives placed in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, etc.?)

- Yes No

7. If yes to question 6 above, please complete the following table and attach a MSDS sheet for each product:

LOCATION	ADDITIVE NAME	ADDITIVE FREQUENCY

SECTION F – RECYCLING

1. Do you or will you recycle the grease produced at your facility?

Yes

No

2. If yes, which company or companies recycles your grease or will recycle your grease?

3. Is there a recycling container on-site?

Yes

No

4. If yes to question 2, how many recycling containers are on-site and where will they be located? _____

5. Have pollution prevention measures been implemented? (**Best Management Practices**)

Yes

No

6. If yes, explain briefly the pollution prevention measures that have been implemented. (Attach additional sheets if necessary). _____

ATTACH A COPY OF YOUR MENU TO THE APPLICATION

Authorized Representative Statement:

I certify that I have received and read Section 5 of the Clay Township Regional Waste District Ordinance and understand that all food service facilities must have a grease removal device before discharge of fats, oil and grease to the Clay Township Regional Waste District sanitary sewer system.

I further certify under penalty of law that this document and all attachments were prepared under my direction 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 personal 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 fin and imprisonment for knowing violations.

Name: _____

Title: _____

Signature

Date

FOR CTRWD USE ONLY

Application Complete Yes No

Date of pre-permit inspection: _____

Permit to be granted _____ or rejected _____

Explanation for rejection _____

Date: _____

Application Reviewer