

YORK SEWER DISTRICT



FATS, OILS, AND GREASE (FOG) PERMIT APPLICATION

| SECTION A – ES | TABLISHMENT | INFORMATION | | | | | | | |
|---|-----------------------|-------------------|----------------------|------------------------|------------------|-----------------------------------|--|--|--|
| Name of Establis | Name of Establishment | | | | Date | | | | |
| | | | | Tel # | | | | | |
| Mailing Address | (if different) | | | | | | | | |
| | | | | Tel # | | | | | |
| Address of Appli | cant | | | | | | | | |
| E-mail | | | | | | | | | |
| E-mail | | | | | | | | | |
| SECTION B – FA | CILITY OPERAT | IONAL CHARAG | TERISTICS | | | | | | |
| Type of Establishment: Retail (| | | _sq. ft.) | ı. ft.) Food Delivery | | | | | |
| (check all that a | | d Service (seats) | | Food Service - Takeout | | reout | | | |
| | | | tion (mea | • | | | | | |
| Fatabliah maant C | | | | Residential Kitchen | | | | | |
| | pen: Year | -kouna | Seasona | ·I | | | | | |
| List the hours of Sun | Mon | Tue | Wed | Thu | Fri | Sat | | | |
| Sun | MON | rue | vved | Inu | Fri | Sal | | | |
| | | | | | | | | | |
| Number of meal | s or customers se | erved per day (Ye | ear-around establi | shments, please | fill in both.): | | | | |
| In Season (May-Oct) Off Season (Nov-April) | | | | | | | | | |
| Meals/Customers per day Meals/Customers per day | | | | | | | | | |
| Indicate the qua | ntity of each iten | n that you currer | ntly have or will in | stall in your facili | ity: | | | | |
| Grill | | Deep Fryer | | _Hand Sink | | 3 Bay Pot Sink | | | |
| Oven Dishwasher | | Floor Drains | oosal | _Pre-rinse Sink | | 2 Bay Pot Sink Single Bay Sink | | | |
| | | | ment | | | Sirigle bay Sirik | | | |
| SECTION C - GI | REASE TRAP/INT | TERCEPTOR INF | ORMATION | | | | | | |
| | | | P/INTERCEPTOR IN | IFORMATION | | | | | |
| | Please en | | or each separate i | | ve on site. | | | | |
| | Size | | | Approx. | Company or Party | | | | |
| Make/Model | (GPM & Gre | | Location | Age | | le for Cleaning | | | |
| | Capacity iii | LD3., | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| GREASE DISPOSAL/HAULER OR GREASE RECYCLER INFORMATION | | | | | | | | | |
| Name | | | | | | | | | |
| | | | | | l # | | | | |
| Name | | | | Te | l # | | | | |



YORK SEWER DISTRICT



SECTION D – BEST MANAGEMENT PRACTICES

Best Management Practices (BMP's) should be implemented by the permittee to protect your facility from clogs and to better protect our waterways and beaches. More information on BMP's is available in the FOG section of the York Sewer District (YSD) website: https://www.yorksewerdistrict.org/commercial

| | CERTIFIC | ATION | | | | |
|--|--|--|---|--|---|--|
| I certify under penalty of law that I have papplication, and affirm that the informaticomplete. I am aware that there are signifof the permit, this establishment's opcompliance with the York Sewer Districapplicable federal, state and local waster | on submitted is, to ficant penalties for eration and its re ct's Regulations fo | the best of my submitting falses sultant waste r Governing tl | vknowledge and se information. I water discharg | d belief, true, a I certify that up e will achieve | ccurate, and oon approval econsistent | |
| Signature of Applicant | | Date | | | | |
| Please be aware that per the York Sewer time, with or without prior notice, to ens and local wastewater discharge requiren | ure that all require | ments of this F | _ | and all other Fe | ederal, State, | |
| THIS SECTION TO | O BE COMPLETED I | BY YORK SEWE | R DISTRICT STAF | | | |
| ate of Inspection: | | | | | | |
| arties Present for Inspection: | | | | | | |
| rease Trap / Interceptor properly installe | • | Yes | No | | | |
| If "No," what is the issue? | | | | | | |
| re all fixtures properly hooked to the Tra | · • | | No | | | |
| If "No," what is the issue? | | | | | | |
| the information provided on the Trap(s) | | rrect? Y | es No | | | |
| If "No," have corrections been made? _ | | DUCTION | | | | |
| Annua Turan | GREASE PRO | | C A | D | c D | |
| Menu Type: | | Grease Fact | or Group A | . В | C D | |
| apacity of Trap / Interceptor in lbs | IN SEA | SON | | | | |
| rease Factor per Mealx _ | | | = | Total lbs of G | rease / Day | |
| | | | | | | |
| ased on Grease Produced and Capacity, (| | | _ Daily | Weekly | Monthly | |
| rease Factor per Meal | OFF SEA | | _ | Total lbs. of G | rease / Day | |
| rease Factor per Meal x | | | | | * | |
| ased on Grease Produced and Capacity, (| Cleanings are requi | red | _ Daily | Weekly | Monthly | |
| cceptable Permit Conditions? Yes | No | Fee Paid? | Yes | No | | |
| ignature of the YSD Representative | | | Dat | e | | |
| | ACCEPTANCE | OF PERMIT | | | | |
| acknowledge and accept the required ope | ration and maintena | ance schedule o | of the grease trap | /interceptor as | stated abov | |

I acknowledge and accept the required operation and maintenance schedule of the grease trap/interceptor as stated above and will comply with these requirements as a condition of this permit. This permit is valid for one (1) year from the date of acceptance.

| Signature of Permittee_ | Date | |
|-------------------------|----------|--|
| | <u> </u> | |