



# FATS, OILS AND GREASE REGISTRATION FORM

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## INSTRUCTIONS

In an effort to reduce and/or eliminate costly sanitary sewer overflows as well as potential dangers of flammable liquids in our sewer systems, all Food Service Establishments (FSEs) connected to SGWASA's sewer system are required to register their establishment with the SGWASA FOG (Fats, Oils and Grease) program.

All sections of this application must be completed by an official of the FSE in order for SGWASA to properly process this document. Questions pertaining to this form and the Fats, Oil and Grease program should be directed to **Tasha Savage; at 919-575-3111 (Ext:101).** Or email [bsavage@sgwasa.org](mailto:bsavage@sgwasa.org).

Application Submission Time Frames:

SGWASA is requesting that this form be completed and returned to us **within 30 days of receipt for existing FSE's and no less than 30 calendar days prior to commencing food preparation activities for new FSE's.** Upon Return of the form, you will be contacted to set up an annual inspection. **Thank you for your cooperation.**

Please refer to the following definitions when filling out this form.

Authorized Representative of the Food Service Establishment (FSE) means the following:

- (a) If the FSE is a corporation:
  - (1) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
  - (2) The manager of one or more operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual FOG Registration requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (b) If the FSE is a partnership or sole proprietorship: a general partner or proprietor, respectively.
- (c) If the FSE is a Federal, State, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
- (d) The individuals described in paragraphs (a) through (c), above, may designate a duly authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the Director.

Designated Facility Contact is the person responsible for day to day activities and operation of the FSE





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## SECTION A - General Information

**Name of FSE:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website of FSE: \_\_\_\_\_

Email Address of FSE: \_\_\_\_\_

**Business Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

This FSE is the owner of the building:  Yes  No

If no, please complete the following:

Landlord/Property Owner Name: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

**Name of Owner of FSE:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select the best method for contacting the owner of the FSE:

Physical Address of FSE  Email of FSE  Neither.... If neither, please complete the following:

Owner of FSE Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number of Owner: \_\_\_\_\_

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**Authorized Representative of the Facility:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Designated Facility Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

When did this FSE begin operations under the current owner? If prior to 2015, please enter the year only. \_\_\_\_\_

**Section B - Facility Information**

Please provide site and plumbing plan(s) for all buildings, structures, facilities or installations that discharge or may discharge into SGWASAs sewer system. Plumbing plans should include floor diagrams, sewer connections, grease traps, sink drains, floor drains, dishwashers, restrooms, etc. If there are multiple FOG control devices, label appropriately and use the same references in Section E of this application.

Are there any changes or expansions planned in the next three years?

- Yes       No

**Section C - Type of Food Service Facility**

Please choose those that best describe your facility.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bakery                 | <input type="checkbox"/> Drive Thru (only) | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Cafeteria              | <input type="checkbox"/> Fast Food         | <input type="checkbox"/> Meat Processor |
| <input type="checkbox"/> Catering (Inc. mobile) | <input type="checkbox"/> Food Packager     | <input type="checkbox"/> Nursing Home   |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> School         |
| <input type="checkbox"/> Club/Organization      | <input type="checkbox"/> Full Service      | <input type="checkbox"/> Seasonal       |
| <input type="checkbox"/> Coffee Shop            | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Supermarket    |
| <input type="checkbox"/> Correctional Facility  | <input type="checkbox"/> Hotel/Motel       | <input type="checkbox"/> Take Out       |
| <input type="checkbox"/> Other, specify: _____  |  |   |

Please attach all menus for this facility.

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## Section D - Operation

### Operating Hours & Number of Meals Served:

Please indicate, in the table below, the hours of operation (including preparation and clean up time) as well as the typical number of meals served on each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b> (ex. 10am – 11:30pm)							
<b>Avg. # of Meals</b>							

Number of meals served during busiest time of day: \_\_\_\_\_

Facility seating capacity: \_\_\_\_\_

Number of employees on largest shift: \_\_\_\_\_

### Equipment and Serving Information

Please check all that apply and indicate the quantity & dimensions of each item as applicable:

- Commercial Dishwasher \_\_\_\_\_
- Garbage Disposal or Food Grinder \_\_\_\_\_
- 3-Basin Sink \_\_\_\_\_ (Quantity & dimensions)
- 2-Basin Sink \_\_\_\_\_ (Quantity & dimensions)
- 1-Basin Sink \_\_\_\_\_ (Quantity & dimensions)
- Hand Sink \_\_\_\_\_ (Quantity & dimensions)
- Mop Sink \_\_\_\_\_ (Quantity & dimensions)
- Grill \_\_\_\_\_
- Stove/Oven \_\_\_\_\_
- Deep Fryer \_\_\_\_\_
- If checked: Is it used for daily food preparation  Yes  No
- Floor Drains \_\_\_\_\_
- Drive-Thru \_\_\_\_\_
- Full kitchen that serves food on dishes that are washed on site
- Full kitchen that serves food on disposable dishes or dishes not washed on site
- Prepares prepackaged food and serves food on dishes that are washed on site
- Prepares prepackaged food and serves food on disposable dishes
- Limited use kitchen-carry-in for prep and clean-up
- Prepares food served in disposable packaging
- Other: \_\_\_\_\_

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## Section E - Treatment or FOG Control

Grease Trap   
  Grease Interceptor   
  Both   
  None

Brand Name: \_\_\_\_\_

Model: \_\_\_\_\_

Flow Rate (GPM): \_\_\_\_\_ Capacity (lbs): \_\_\_\_\_

Location: \_\_\_\_\_

Devices/Fixtures Connected to FOG Control Device: \_\_\_\_\_

Cleaning Frequency: \_\_\_\_\_

\*If there are additional FOG control devices, please attach a separate piece of paper with the above information included for each additional device.

If the **INDOOR** grease trap is being maintained in-house, how do you dispose of the waste after cleaning the trap?

- Trash
- Contractor disposes of grease
- Recycle
- Other: \_\_\_\_\_

### Grease Trap/Interceptor Hauler Information:

If a contractor(s) cleans the grease trap and/or interceptor, please provide the following:

Contracting Company Name: \_\_\_\_\_

Contact Name (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number of Hauler: \_\_\_\_\_

### Additive Information:

Does your facility use any additives in the plumbing, grease interceptor or grease trap? (i.e., enzymes, bacteria, etc.)?

Yes  No

If yes, please complete the following table and attach a Safety Data Sheet for each product.

Location	Additive Name	Amount Added	Additive Frequency

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

Automatic     Manual     Not Sure     Not Applicable

Does your facility recycle fryer oil?

Yes     No     Not Applicable

If yes:

Recycling Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If no, what do you do with your spent oil?

Is there a recycling container on-site?

Yes     No

If yes, where is it located? \_\_\_\_\_

All FSEs are **required** to have a FOG Spill Contingency Plan. Please attach a copy of your FOG Spill Contingency Plan to this application. At a minimum, this plan should include the following information:

- How are you going to prevent the spill from going down any floor or storm drains on the property?
- How will spill clean-ups be handled?
- What will be done with the mop water and any rags or other supplies used in cleaning the spill?

Do you have an oil spill clean-up kit?

Yes     No

*A spill clean-up kit is recommended.*

### Section F - Additional Information

Is there any additional information or unique circumstances regarding the facility or property that SGWASA should be aware of (such as apartments connected to or in the same building as the FSE, additional sources of waste water beyond those of the FSE)?

**\*\*Please attach additional sheets if necessary.**

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## Section G - Certification

Please initial each appropriate line to indicate the following attachments have been included with the application:

### Required Documents:

- \_\_\_\_\_ Plumbing Plan (Section B)
- \_\_\_\_\_ All menus for FSE's (Section C)
- \_\_\_\_\_ Spill Contingency Plan (Section E)

### Additional Documents (As Needed):

- \_\_\_\_\_ Additional Interceptor Information  
(Section E)
- \_\_\_\_\_ Safety Data Sheets (Section E)

I certify that the information submitted is true, accurate and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### Please Return This Form & Associated Documents To:

South Granville Water and Sewer Authority  
ATTN: Tasha Savage  
415 B Central Avenue  
Butner, NC 27509  
Or by email: [bsavage@sgwasa.org](mailto:bsavage@sgwasa.org)

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