

APPENDIX A

Grease Management Program Customer Information form

If your business processes, prepares or otherwise handles food or food products, your facility is required by the City of Senoia to operate and maintain a grease interceptor that prevents the excessive discharge of fats, oils and greases to the sanitary sewer system. Please fill out this form accurately and legibly and return to:

City of Senoia Public Works Department

Office Telephone (770) 599-8922

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
2. Facility Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-mail: _____
3. Billing Address (if different): **DO NOT USE A P.O. BOX**
Street Address: _____
City: _____ State: _____ Zip: _____
4. Owner of Premises: (If Different than facility)
Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone Number: _____
5. Designated facility Contact:
Name: _____
Address: _____
City _____ State _____ Zip _____
Phone Number: _____ E-mail: _____

SECTION B – WATER SUPPLY

1. Name as it appears on water bill: _____
2. Additional Name, (if Applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
3. Water Service Account number: _____

SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

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

- | | | |
|-----------------------------------|---------------------|-----------------------|
| Bakery | Child Care | Hotel / Motel |
| Club / Organization | Ice Cream Shop | Coffee Shop |
| Nursing Home / Hospital / Medical | Office Building | Religious Institution |
| Drive Through (only) | Restaurant | School |
| Fast Food Restaurant | Seasonal Restaurant | Supermarket |
| Full Service Restaurant | | |

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

- | | |
|-----------------------|------------------|
| Grill | Pre Rinse Sink |
| Oven | Garbage Disposal |
| Dishwasher | 4 Bay Sink |
| Tilt Kettle/Crock Pot | 3 Bay Sink |
| Mop Sink | 2 Bay Sink |
| Deep Fryer | Single Bay Sink |
| Floor Drains | Hand Sink |

3. Provide a brief 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.

4. What is the seating capacity of your facility? _____

a. What are the days and hours of operation (include prep and clean up)?

| | | | | | |
|-----------|-------|------|--------------------|-------|-------------|
| Monday | _____ | Time | Tuesday | _____ | Time |
| Wednesday | _____ | Time | Thursday | _____ | Time |
| Friday | _____ | Time | Saturday | _____ | Time |
| Sunday | _____ | Time | TOTAL HOURS | _____ | Hrs. |

SECTION D – WASTEWATER DISCHARGE INFORMATION

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

- Existing Sewer Discharge
- Existing Septic System
- Proposed (new) Sewer Discharge

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volume and characteristics? (Attach additional sheets if needed)

SECTION E - TREATMENT

1. Do you have a grease interceptor or grease trap?

Interceptor Trap Both None

2. Complete the following for all grease removal devices(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, how do you dispose of the waste after cleaning of the trap?

Contractor cleans and disposes of Grease

Clean myself and place waste in barrels and contractor disposes of grease

Is there proof of service/disposal of units? (Provide proof of copies of manifest)

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

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

EPD FOG Permit Number: _____

(note: all disposal companies in Georgia must have a State FOG Permit Number and operate under State Laws)

5. If your facility has grill/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(s)?

(i.e. Enzymes, bacteria, etc.?)

Yes

No

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

Additive Name: _____ Frequency: _____

Additive Name: _____ Frequency: _____

SECTION F – RECYCLING

1. Do you recycle the grease produced at your facility? (i.e. fryer grease)

Yes

No

If yes, which company or companies recycles your grease?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

2. Is there a recycling container on site?

Yes

No

If yes, how many recycling container are on-site? _____

3. Does your company have pollution prevention measures implemented?

Yes

No

If yes, explain briefly the pollution prevention measures that are implemented.

The customer shall resolve all unknowns prior to the first inspection

AUTHORIZED REPRESENTATIVE STATEMENT:

I certify that I have received and read Grease Management Program of the City of Senoia Water and Sewerage Code and understand that all food service facilities must have a grease removal device before discharge of fats, oils and greases to the City of Senoia sanitary sewer system.

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

Name: _____

Title: _____

Signature: _____ Date: _____

RETURN THIS FORM TO:

City of Senoia Public Works Department
80 Main Street
Senoia, GA 30276
ATTN: Fog Program

FOR OFFICE USE ONLY

Name of Inspector: _____

Last known date of Inspection: _____

Last known date of Interceptor/Grease Trap Service: _____

Cleaning Cycle: _____ days

Are manifest on file at location? (Up to 3 yrs.) Yes No

If not, how long has location been on program and why do they not have proof/manifest?

Inspector Signature: _____ Date: _____