

Oxford Water Works & Sewer Board

FATS, OIL & GREASE PERMIT APPLICATION

Please choose one description that best describes your facility:

- New Food Service Establishment
- Existing Food Service Establishment
- Modification to Existing Food Service Establishment

Section A - Facility Information

1. Facility Name _____
2. Facility Street Address _____
3. Facility Phone Number _____
4. Business Mailing Address (if different than above)

5. Owner of Premises (if different than Facility)
Name _____
Address _____
Telephone Number _____
Email Address _____
6. Designated Signatory Authority of the Facility
Name _____
Title _____
Address _____
Telephone Number _____
Email Address _____
7. Designated Facility Contact
Name _____
Title _____
Address _____
Telephone Number _____
Email Address _____

Section B - Facility Operational Characteristics

1. Please choose one description that best fits your facility:
 - Fast Food Restaurant
 - Drive Through (only)
 - Coffee Shop
 - Religious Institution
 - Company/Office Building
 - Caterer
 - Convenience Store
 - Cafeteria
 - Full Service Restaurant
 - Concession Stand
 - Bakery
 - School/College
 - Ice Cream Shop
 - Bar/Lounges
 - Meat Markets
 - Other _____
 - Nursing Home
 - Hotel/Motel
 - Supermarket
 - Club/Organization
 - Hospital
 - Doctor/Dentist Office
 - Fruit/Vegetable Market

2. Please indicate each item that you currently or will have in your facility and the quantity of each:
- | | | |
|-------------------------------------|---------------------------|----------------------|
| ___ Grill | ___ Oven | ___ Dishwasher |
| ___ Pre-Rinse/Spray Sink | ___ Mop Sink | ___ Deep Fryer |
| ___ Floor Drains | ___ Tilt Kettle/Crock Pot | ___ Garbage Disposal |
| ___ Three Bay Sink | ___ Two Bay Sink | ___ Single Bay Sink |
| ___ Hand Sinks | ___ Chinese Wok/Cooker | |
| ___ Other Equipment (specify) _____ | | |

3. Method of Service:
- Washable Plates Disposable Plates/Baskets Carry-Out Only
4. 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.
5. What is the seating capacity at your facility? _____
6. Estimated average meals per day: _____
7. Please fill in each day and hours of operation that your facility is open:
- | | | |
|----------------|---------------|-----------------|
| Monday _____ | Tuesday _____ | Wednesday _____ |
| Thursday _____ | Friday _____ | Saturday _____ |
| Sunday _____ | | |

Section C – Treatment

1. Do you have a grease interceptor at your facility? _____
2. Complete the following for all grease removal devices and attach manufacturer’s specifications for all internal and external interceptors.
- a. Make & Model _____
- | | | |
|----------------------|----|-----------------|
| Capacity (gal) _____ | or | (lb) _____ |
| Passive _____ | or | Automatic _____ |
| Indoor _____ | or | Outdoor _____ |
- Cleaning frequency _____
- Location _____
- (under 3 bay sink, in basement, outside in ground, etc.)
- b. Make & Model _____
- | | | |
|----------------------|----|-----------------|
| Capacity (gal) _____ | or | (lb) _____ |
| Passive _____ | or | Automatic _____ |
| Indoor _____ | or | Outdoor _____ |
- Cleaning frequency _____
- Location _____
- (under 3 bay sink, in basement, outside in ground, etc.)

c. Make & Model _____
 Capacity (gal) _____ or (lb) _____
 Passive _____ or Automatic _____
 Indoor _____ or Outdoor _____
 Cleaning frequency _____
 Location _____
 (under 3 bay sink, in basement, outside in ground, etc.)

3. If the INDOOR grease interceptor is being maintained onsite, how do you dispose of the waste after cleaning the device?

- Trash Contractor disposes of grease Recycle
 Other (specify) _____

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

- a. Contractor Name _____
 Address _____
 Telephone Number _____
 b. Contractor Name _____
 Address _____
 Telephone Number _____
 c. Contractor Name _____
 Address _____
 Telephone Number _____

5. Are there any additives placed in the plumbing or grease interceptor (e.g. enzymes, bacteria, etc.)? _____

6. If yes, please attach a Material Safety Data Sheet (MSDS) to this application for each additive used.

7. Please attach a copy of your menu.

Section D – Additional Information

Please list any additional information that would be helpful for Oxford Water Works & Sewer Board in reviewing your Fats, Oil & Grease permit application.

Section E – Authorized Representative Statement

I hereby certify that the above information is accurate. I acknowledge that changes in cooking methods, volumes, and hours of operations will require re-application and possible increase in the size or type of grease interceptor at my facility. I certify that the internal grease interceptor will be cleaned in accordance with the manufacturer’s specifications a minimum of once per week or more frequently if required by the permit, and at least once every six months for external grease interceptors or more frequently if required by the permit. I certify that all staff will use best management practices as pertaining to disposal and handling of grease, fats and oils. I acknowledge that the required cleaning frequency can be changed at any time by the Oxford Water Works & Sewer Board. I acknowledge that representatives of Oxford Water Works & Sewer Board have the right to inspect the grease interceptor(s) and other equipment at any time.

Signature _____

Date _____

Printed Name & Title _____

Please Mail Application to:

Oxford Water Works & Sewer Board

Attn: Engineering Department

P.O. Box 3663

Oxford, Alabama 36203

If you have any questions, please contact Oxford Water Works & Sewer Board at (256) 831-5618 or at mholzer@oxfordwater.com.