



City of Griffin - Water & Waste Water Division - Environmental Compliance - Grease Management Program

Fats, Oils and Grease Program (FOG)

RETURN THIS FORM TO: CITY OF GRIFFIN OR FAX: 770 229-6613
ENVIRONMENTAL COMPLIANCE DEPARTMENT
P.O. BOX T
GRIFFIN, GEORGIA 30224

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
2. Facility Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
3. Business Mailing Address: (if different from 2. above) **DO NOT USE P.O. BOX**
Street Address: _____
City: _____ State: _____ Zip: _____
4. Owner of Premises: (if different than facility)
Name: _____
Address: _____
Telephone Number: _____
5. Designated signatory authority of the facility
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____
E-mail Address: _____
6. Designated facility contact
Name: _____
Title: _____
Phone Number: _____ Cell Phone: _____
E-mail Address: _____



SECTION B – WATER SUPPLY

- Name as it appears on water bill: _____
 Additional Name, (if Applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
- Water Service account number: _____

SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

- 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"/> Child Care |

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

| | |
|---|--|
| <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"/> 4 Bay Sink _____ |
| <input type="checkbox"/> Pre Rinse Sink _____ | <input type="checkbox"/> 3 Bay Sink _____ |
| <input type="checkbox"/> Mop Sink _____ | <input type="checkbox"/> 2 Bay Sink _____ |
| <input type="checkbox"/> Deep Fryer _____ | <input type="checkbox"/> Single Bay Sink _____ |
| <input type="checkbox"/> Floor Drains _____ | <input type="checkbox"/> Hand Sinks _____ |

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? _____

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

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 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, how do you dispose of the waste after cleaning 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 on units? (provide proof or 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 the State Laws) all companies must provide you with a manifest for disposal



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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(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 containers 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.



AUTHORIZED REPRESENTATIVE STATEMENT:

I certify that I have received and read SUO Section 21 Grease Management Program of the City of Griffin 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 Griffin 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: _____

FOR CITY 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: _____
