

**GLASGOW WATER COMPANY
FOG DISCHARGE APPLICATION**

DIRECTIONS: Please provide the following information so that we may better serve you. This application was developed in order to address Food Service Establishments. If any of the questions do not apply to your particular business, please indicate N/A (non-applicable). Please return this questionnaire to the Glasgow Water Company Customer Service Dept.

SECTION 1 - GENERAL INFORMATION

Company Name: _____
 Mailing address: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____
 GWC Account # : _____
 Representative responsible for commercial discharge: _____
 Title: _____ Name: _____
 Telephone Number: _____
 Facility Address: _____
 City: _____ State: _____ Zip: _____
 Type of Business: _____

SECTION 2 - FACILITY OPERATIONS CHARACTERISTICS

OPERATIONAL INFORMATION:

WORK DAYS	SUN	MON	TUES	WED	THUR	FRI	SAT
# of Hours Worked							
# of Employees							
Appx # of Meals Srvd							

Please select the most appropriate seating capacity:

0-25	26-50	51-100	101-200	over 200

Please provide a brief narrative of any food service activity; list type(s) of food, food preparation, cooking, handling, etc.:

If your facility has food service, please indicate of which type (check all that apply):

- Food preparation Food Packager Restaurant
 Fast Food Take Out Facility School Cafeteria
 Prison or Jail Cafeteria Other Cafeteria Meat Processor
 Other, Specify: _____ Hospital Cafeteria

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Please indicate all items that are present in your facility's kitchen by listing the quantity of each next to the corresponding appliance (add any not listed):

- | | | |
|---|---|---|
| <input type="checkbox"/> Floor Drain(s) | <input type="checkbox"/> Hand Sink | <input type="checkbox"/> Wok Station(s) |
| <input type="checkbox"/> Mop Sink(s) | <input type="checkbox"/> Dishwasher(s) | <input type="checkbox"/> Grill(s) |
| <input type="checkbox"/> 3-Compartment Sink | <input type="checkbox"/> Garbage Disposal/Grinder | <input type="checkbox"/> Ovens(s) |
| <input type="checkbox"/> Double Sink | <input type="checkbox"/> Soup Kettle(s) | <input type="checkbox"/> Fryolators/Deep Fryers |

Others:

SECTION 3 - WASTEWATER DISCHARGE INFORMATION

Does the facility have Grease Control Equipment/GCE (i.e. grease trap/interceptor) in place?

YES NO

If you answered YES, please provide all information known about the GCE (location, size, manufacturer, date installed etc.):

Are any additives placed into these devices?

YES NO

If YES, please explain (type, amounts, frequency, etc.):

If waste oil from fryolators, woks, grill drippings, etc is produced, please explain how it is disposed, recycled, etc.:

Please provide (if available) with this application a copy of the facility's indoor and outdoor plumbing plans as well as a copy of the facility's menu (if applicable).

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SECTION 4 - CERTIFICATION

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief that such is true, complete, and accurate. Should a permit be granted I agree:

- A. To furnish any additional information relating to the installation or uses of the sanitary sewer for which this permit is sought as may be requested by the Glasgow Water Company;
- B. To accept and abide by all regulations and requirements of the Sewer Use Ordinance, and all future ordinances and regulations that may be adopted by the City of Glasgow;
- C. To operate and maintain any pollution control facilities, as required as a condition of the acceptance in the wastewater treatment system, in an efficient manner at all times, and at no expense to the Glasgow Water Company;
- D. To cooperate with the Glasgow Water Company and its representatives in administration and enforcement of the pretreatment program;
- E. To notify the Glasgow Water Company immediately in the event of any accident or other occurrence which could cause a discharge with characteristics which are in violation of City of Glasgow Sewer Use Ordinance or pretreatment regulations. Person to notify:
Patrick Young, Pretreatment Coordinator at (270) 678-4283 (days) or (270) 651-3727 (nights).

Signature

Print/type name

Title

Date