

**GLASGOW WATER COMPANY**  
**FOG MANAGEMENT EXEMPTION REQUEST FORM**

**DIRECTIONS:** Please provide the following information so that we may better serve you. This form was developed in order to address Food Service Establishments requesting exemption from some or all parts of the GWC FOG Management Program. Please fill out this form completely and return it to Glasgow Water Company.

**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:**

Does your facility prepare or serve food?

[ ] YES [ ] NO

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.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Food preparation         | <input type="checkbox"/> Food Packager     | <input type="checkbox"/> Restaurant         |
| <input type="checkbox"/> Fast Food                | <input type="checkbox"/> Take Out Facility | <input type="checkbox"/> School Cafeteria   |
| <input type="checkbox"/> Prison or Jail Cafeteria | <input type="checkbox"/> Other Cafeteria   | <input type="checkbox"/> Meat Processor     |
| <input type="checkbox"/> Other, Specify: _____    |  | <input type="checkbox"/> Hospital Cafeteria |

Please check all items that are present in your facility.

- |   |   |   |
|---|---|---|
| <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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain which part(s) of the GWC FOG Management Program this facility is requesting exemption from AND explain, in detail, the reasoning/justification for this exemption request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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).**

**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 2647, 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 2647 or pretreatment regulations. Person to notify:  
Patrick Young, Pretreatment Coordinator at (270) 678-4283 (days) or (270) 651-3727 (nights).

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Signature

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Print/type name

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Title

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Date