

## OIL & GREASE CONTROL PROGRAM PERMIT APPLICATION

### SECTION A – GENERAL INFORMATION

A.1. Company Name \_\_\_\_\_

A.2. Classification \_\_\_\_\_ Restaurant \_\_\_\_\_ Government \_\_\_\_\_ Other \_\_\_\_\_

A.3. Mailing Address \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A.4. Facility Address (if different) \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A.5. Facility Contact \_\_\_\_\_  
Name \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Area Code – Telephone – Extension/Email Address \_\_\_\_\_

A.6. Signatory Contact \_\_\_\_\_  
Name/Title \_\_\_\_\_

\_\_\_\_\_ Street/P.O. Box/City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_ Area Code – Telephone – Extension/Email Address \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my 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 person or persons who manage the system, or those persons directly responsible for gathering 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 and imprisonment for knowing violations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## SECTION B – PLANT INFORMATION

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B.1. Is food processed and/or cooked at this establishment? YES [ ] NO [ ]

B.2. List number of days facility operates per week, including cleanup and maintenance: \_\_\_\_\_ days.

B.3. List number of hours per shift plant is in operation:

1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> Shift \_\_\_\_\_ 3<sup>rd</sup> Shift \_\_\_\_\_

B.4. List number of employees per shift:

1<sup>st</sup> Shift \_\_\_\_\_ 2<sup>nd</sup> Shift \_\_\_\_\_ 3<sup>rd</sup> Shift \_\_\_\_\_

B.5. Please describe food preparation and clean-up activities:

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B.6. Principle Food Product: \_\_\_\_\_

B.7. Are any kitchen sinks connected to a garbage disposal? YES [ ] NO [ ]

B.8. Does this facility have an in-ground grease trap? (If this is a new facility, will you have an in-ground grease trap installed?): YES [ ] NO [ ] Installation Date \_\_\_\_\_

**If yes, please complete Question B.9 through B.14. If no, please continue to Question B.15.**

B.9. Describe the size and general condition of your grease trap.

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B.10. How often is the grease trap serviced? \_\_\_\_\_

B.11. When was the most recent servicing of the grease trap? \_\_\_\_\_

B.12. What company services the grease trap? \_\_\_\_\_

B. 13. Where are the grease trap pumpings disposed of? \_\_\_\_\_

B.14. Are all kitchen sinks connected to the grease trap? YES [ ] NO [ ]

B.15. How does your facility dispose of cooking grease and deep-fat fry grease?

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

B.16. How are grill cleanings disposed of? \_\_\_\_\_

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

B.17. How are excess food products disposed of? \_\_\_\_\_

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

B.18. How are byproducts of food preparation contained (in reference to):

A. Solid Wastes: \_\_\_\_\_

B. Oil & Grease: \_\_\_\_\_

C. Viscous Wastes: \_\_\_\_\_

D. Liquid Wastes: \_\_\_\_\_

B.19. Are you currently or have you in the past used Griffin Industries or any other recycling company for grease recycling? YES [ ] NO [ ]

B.20. Approximately how many customers do you serve per day? \_\_\_\_\_

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**SECTION C – WASTEWATER INFORMATION**

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C.1. The City may collect samples, and forward results to the applicant. Applicant is not required to conduct sampling for this application.

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**SECTION D – PHYSICAL AND CHEMICAL WASTE PROCESS**

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D.1. Please attach a schematic of your facility site to include all main buildings discharging wastewater, identification of wastestream(s), point(s) of connection to the city sewer, and location of the grease trap, if any.

D.2. Are written provisions made for cleaning spills, releases or other accidental discharges (i.e. spill control plans, etc.)?

YES [ ] (Please attach a copy)

NO [ ]

D.3. Have you ever been or are you now registered with or been issued any environmental control permits by the Kentucky Department of Environmental Protection other by any other local, state and/or federal agency?

NO [ ]

YES [ ] (If YES, please include permit number, date of issue, final disposition of waste, and other pertinent information)

Permit Type: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_