



EAST PENNSBORO TOWNSHIP

FATS, OIL & GREASE

DISCHARGE PERMIT APPLICATION

Section A - General Information

Restaurant/Facility Name: _____

Facility Street Address: _____

City: _____ Zip: _____

Corporate Owner (if different): _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Fax: _____

Authorized Facility Representative (please attach same information as necessary for each authorized representative)

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Fax: _____

Facility Contact

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Fax: _____

Emergency Contact: _____ Phone: _____

Public Water: Yes No Public Sewer: Yes No

Proposed Opening Date: _____ Business Hours/Days: _____

Section B - Water Supply

Name (as it appears on the bill): _____

Additional Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Section C - Wastewater Discharge

Are there planned changes or expansions in the next three (3) years: Yes No

Describe the planned changes or expansions: _____

Section D - Treatment

Does your facility have a grease interceptor?: Yes No (if no, skip to the next section)

Location	Size	Additional Specifications	Type (Select One)
			Full Facility <input type="checkbox"/> Individual Fixture(s) <input type="checkbox"/>
			Full Facility <input type="checkbox"/> Individual Fixture(s) <input type="checkbox"/>
			Full Facility <input type="checkbox"/> Individual Fixture(s) <input type="checkbox"/>

Are these grease interceptors serviced regularly (i.e. pumped, at least, quarterly)? : Yes No (if no, skip to the next section)

Location	Service Frequency

Are additives placed into the grease interceptor? : Yes No (if no, skip to the next section)

Location	Additive Name	Additive Frequency

Section E - Facility Operational Characteristics

Work Days	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Shifts Worked/Day							
Employees – 1 st Shift							
Employees – 2 nd Shift							
Employees – 3 rd Shift							

List all major equipment used for food preparation at your restaurant (i.e. grills, fryers, dishwashers, sinks, etc.)

Type	Size/Specifications

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.

Section G – Authorized Signatures

Authorized Facility Representative Statement:

I certify under penalty of law that this document and all its 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 person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true accurate and complete. I understand that false statements are subject to the penalties of 18 PA CS § 4904 Unsworn falsification to authorities.

Name: _____ Title: _____

Signature: _____ Date: _____