



## Fats, Oils and Grease Program (FOG)

### 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 facility contact  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## SECTION B – WATER SUPPLY

1. Name as it appears on water bill: \_\_\_\_\_
- Additional Name, (if Applicable): \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Water Service account number: \_\_\_\_\_

## SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility.

- |  |  |
|--|--|
| <input type="checkbox"/> Bakery                          | <input type="checkbox"/> Hospital              |
| <input type="checkbox"/> Child Care                      | <input type="checkbox"/> Hotel / Motel         |
| <input type="checkbox"/> Club / Organization             | <input type="checkbox"/> Ice Cream Shop        |
| <input type="checkbox"/> Coffee Shop                     | <input type="checkbox"/> Nursing Home          |
| <input type="checkbox"/> Company / Office Building       | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Drive Through (only) Restaurant | <input type="checkbox"/> School                |
| <input type="checkbox"/> Fast Food Restaurant            | <input type="checkbox"/> Seasonal Restaurant   |
| <input type="checkbox"/> Full Service Restaurant         | <input type="checkbox"/> Supermarket           |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Grill _____                 | <input type="checkbox"/> Pre Rinse Sink _____   |
| <input type="checkbox"/> Oven _____                  | <input type="checkbox"/> Garbage Disposal _____ |
| <input type="checkbox"/> Dishwasher _____            | <input type="checkbox"/> 4 Bay Sink _____       |
| <input type="checkbox"/> Tilt Kettle/Crock Pot _____ | <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		
<b>Total hours</b>	_____Hrs.		

## SECTION D – WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.

☐ Existing Sewer Discharge    ☐ Existing Septic System    ☐ Proposed (new) Sewer Discharge

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)

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## 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)

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.

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**AUTHORIZED REPRESENTATIVE STATEMENT:**

I certify that I have received and read Grease Management Program of the Coweta County Water and Sewerage Code and understand that all food service facilities must have a grease removal device before discharge of fats, oils and greases to the CCWSA 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 OFFICE 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: \_\_\_\_\_

RETURN THIS FORM TO:

**Coweta County Water and Sewerage Authority  
545 Corinth Road  
Newnan, GA 30263  
ATTN: Fog Program**