



**City of Attleboro Wastewater Department
Pretreatment Division - F.O.G. Program**

**APPLICATION FOR FATS, OILS, and GREASE
DISCHARGE PERMIT**

**RESTAURANT & FOOD PREPARATION
ESTABLISHMENTS**

Return To:

**City of Attleboro Wastewater Department
Aaron Dumont
Industrial Pretreatment Division
77 Park Street
Attleboro, MA 02703
(774) 203-1823
(508) 761-9837 Fax
industrialpretreatment@cityofattleboro.us**

A permit fee of \$100.00, payable by check to the “**City of Attleboro**”, must accompany this application. Upon issuance of the permit, a surcharge fee of \$25.00 will be assessed each quarter. Each fee is being assessed per City of Attleboro Sewer Use Regulations, 16-18.8 through 16-18.9. A Fats, Oils and Grease “Commercial” Discharge Permit cannot be transferred to another person or entity and shall be renewed every two (2) years.

All sections of this permit application must be completed and properly signed by an official of the firm requesting to be issued a discharge permit by the City of Attleboro, Wastewater Department, Industrial Pretreatment Coordinator. This application must be completed and returned within 30 days of receipt. Please note that the discharge of process wastewater prior to the issuance of a discharge permit is a violation of the City of Attleboro Sewer Use Regulations and can subject the violator to fines as stated in section 16.21.2B. Should you require assistance in completing this document, please contact Aaron Dumont at 774-203-1823. (rev amended 0621)

Application Due Date: _____

IPC Initials _____

Section A: Facility Contact Information

All items in this section must be completed. If an item is not applicable, indicate "N/A". Unless otherwise specified, please print or type.

1. Business Name: _____

2. Address: _____

3. Mailing Address: _____

4. Phone/Fax Number: _____

5. Email: _____

6. Name of Signing Official: _____

7. Title of Signing Official: _____

8. Contact Person/Title: _____

9. Person to contact concerning information provided herein:

Name: _____

Title: _____

Business Phone Number: _____

10. Does the business own or rent the facility? _____ If rented, provide the Name, Address and Telephone Number of the property owner below:

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number: _____

11. Designation of Authorized Agent:

An authorized agent or authorized company representative is: (1) a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or (2) a person elected by a vote of the directors if the company is a corporation; (3) a general partner or proprietor if the company is a partnership or sole proprietorship respectively; (4) a duly authorized representative with responsibility for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring reports, and other documents in the company's name and otherwise bind the company. **Please complete the Designation of Authorized Agent section of this application to designate an authorized representative to make submittals on behalf of your firm to the City of Attleboro, Wastewater Department, Attention: Industrial Pretreatment Coordinator.**

The City of Attleboro will not accept documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

I, _____, certify that I am
Print Name of Company Official

the _____ of _____
Title Company Name

and that:

Name: _____ Title: _____

Name: _____ Title: _____

Is(are) authorized to make submittals to the City of Attleboro, Industrial Pretreatment Division
on behalf of _____
Company Name

and that said submittals are duly signed for and in behalf of said corporation by authority
of its governing body, and are within the scope of its corporate powers.

Print Name of Company Official Signature of Company Official Date

NOTE: The City of Attleboro will accept the above named person(s) as the company's authorized agents(s) until notified otherwise.

12. Certification Statement:

All applications, reports, or information submitted to the City must contain the following certification statement and be signed by a responsible official of the corporation, company, or federal, state, or local government entity or their agents:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe, that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and/or imprisonment.

Print Name of Company Official Signature of Company Official Date

Section B: Facility Operational Information

Please answer all questions in this section.

1. Seating Capacity (per Fire Department Regulation): _____

Seating Capacity (Actual Count): _____

2. Normal Hours of Food Preparation/Service:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

3. Details of Kitchen Fixtures:

a. Fryolators: _____ Yes _____ No How Many _____

b. Grills or Ovens: _____ Yes _____ No How Many _____

c. Dishwashers:
Commercial: _____ Yes _____ No How Many _____

Domestic: _____ Yes _____ No How Many _____

d. Kitchen Sinks: How Many _____

Number of Compartments in Each _____

e. Dinnerware:
Pre-rinsing: None _____ Sinks _____ Station _____

f. Ice Making Machines: _____ Yes _____ No How Many _____

g. Garbage Disposal Units: _____ Yes _____ No How Many _____

h. Exhaust Hoods with
Automatic Cleaning System: _____ Yes _____ No How Many _____

i. Exhaust Hoods without
Automatic Cleaning System: _____ Yes _____ No How Many _____

If exhaust hoods are without an automatic cleaning system, how are hoods cleaned?
(i.e., in three (3) bay sink, off site):

j. Any additional water using devices? Yes No

Type _____ How Many _____

Type _____ How Many _____

4. Attach a sketch of the kitchen showing the location of and the drain lines for all equipment detailed in question 3 above. Grease removal unit MUST be included on sketch, if applicable.

5. Attach a menu of the foods prepared and served at the facility.

6. Sanitary Fixtures (Total): Number of Lavatory Sinks _____

Number of Toilets _____ Number of Urinals _____

7. Does this establishment have an outdoor Grease Removal Unit (GRU/Interceptor)?

Yes No Size _____ (gallons)

Where is the existing outdoor GRU located? _____

8. Does this establishment have any indoor Grease Removal Units (GRU/Trap)?

Yes No Size _____ (gallons) Automatic Passive

Where are the existing indoor GRU's located? _____

9. If a grease removal unit is utilized, how often is the grease removal unit cleaned?

Outdoor: _____ per year Name of Hauler _____

Indoor: _____ per year Name of Hauler _____

10. Please check all that apply:

Existing Discharge Proposed Discharge

New Facility/Building Existing Facility/Building

Existing Sewer Connection
To be Utilized Kitchen Facilities Being
Renovated

New Sewer Connection Required

11. Describe the location(s) in your facility where samples may be obtained after any grease removal processes but prior to any mixing with domestic sewerage:

_____ Outside Manhole

_____ Inside Floor Drains

_____ Outlet Tee

_____ Undersink Grease Traps

_____ Other

Describe: _____

Section C: Operational Characteristics

1. Shift Information:

- Number of Shifts Per Work Day: _____

- Number of Employees:

Shift 1	Shift 2	Shift 3	Total
---------	---------	---------	-------

_____	_____	_____	_____
-------	-------	-------	-------

- Days of Operation Per week:

Shift 1	Shift 2	Shift 3
---------	---------	---------

_____	_____	_____
-------	-------	-------

- Shift Start Times:

Shift 1	Shift 2	Shift 3
---------	---------	---------

_____	_____	_____
-------	-------	-------

5. Wastewater discharged other than to municipal sewer:

_____ Yes _____ No

If yes, explain: _____

6. Wastewater discharges leaving buildings:

Building Number	Pipe Size	Pipe Material	Discharges to	Ave. Vol. Gallons/Day
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Describe liquid wastes, other than what is removed from any GRU's, that are hauled away for disposal (such as recyclable oil, etc.):

Type of Waste	Waste Hauler	Disposal Site
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please attach Material Safety Data Sheets on all chemical products used at your facility.

In consideration of the granting of the permit, the undersigned agrees to the conditions of the permit and acknowledges that the information submitted in these documents is true, accurate and complete.

Signed _____ Date _____

Applicant