



Fats, Oil and Grease (FOG) Control Program Wastewater Discharge Permit Application – Grease Trap

Department of Public Works • Industrial Pretreatment Program • 111 Airport Drive East • Frederick, MD 21701 • Phone 301-600-2979 • Fax 301-600-6245

A. GENERAL INFORMATION

1. Business Name: _____
Doing Business As: _____
Physical Address: _____
Mailing Address: _____
2. Contact Person: _____ Title: _____
Phone No.: _____ e-mail: _____
3. Authorized Representative: _____ Title: _____
Phone No.: _____ e-mail: _____
Mailing Address: _____
4. Property Owner: _____ Phone No.: _____
Mailing Address: _____
5. Is this facility located in a shopping center? Yes No
If yes, list name of shopping center. _____
6. List days and hours of operation. _____
7. List average water use per month for the past six months or estimated use per month. _____

B. OPERATIONAL & PRETREATMENT DEVICE INFORMATION

1. Please provide the following miscellaneous information regarding your establishment's operations.
Does your establishment wash dinnerware? Yes No
Does your establishment have a deep fryer? Yes No
Does your establishment provide a training program for your employees regarding the proper disposal of grease and food waste? Yes No
2. Please provide the following information regarding your establishment's grease trap.
 Exterior Grease Trap: Maintenance Frequency: _____ Size: _____ gallons
 Interior Grease Trap: Maintenance Frequency: _____ Size: _____ gallons
 No Grease Trap

3. Grease trap maintenance performed by (check one) N/A
- Frederick County permitted Liquid Waste Hauler: (Name) _____
- * Establishment Employees (self-clean)
- * If establishment self-cleans the grease trap, the "Grease Trap Self-Cleaning Authorization Request" form must be submitted along with this application.
4. If applicable, indicate the kitchen fixtures that are connected to your establishment's grease trap.
- Dishwasher Three-Compartment Sink Mop Sink Garbage Disposal Floor Drains
- Wok Range Other Equipment: _____
5. Who disposes of your establishment's waste fry oil? (check one) N/A
- Frederick County permitted Liquid Waste Hauler: (Name) _____
- Oil Recycler Name: (Name) _____
6. Does your establishment use chemicals, enzymes or bacteria in the grease trap or associated plumbing? Yes No If yes, list name of products. _____

C. CERTIFICATION STATEMENT

This statement must be signed by the authorized designated signatory of the facility.

I 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 person or persons who manage the system, or those directly responsible for gathering 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 and imprisonment for knowing violations.

Authorized Representative and Title (print): _____

Authorized Representative Signature: _____ Date: _____

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