



APPLICATION FOR FATS, OILS, AND GREASE (FOG) WASTEWATER DISCHARGE PERMIT FOR FOOD SERVICE ESTABLISHMENTS

Instructions: For the East Orange County Water District (EOCWD) to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the applicant must provide a complete permit application.

- ❖ The Permit Application Form must be filed out completely. Your application will be returned to you if there is any missing information. Please write N/A if the information being requested does not apply.
- ❖ The Permit Application must be signed by an official company representative. EOCWD will return your permit application if it is not signed by the proper company official.
- ❖ All required Drawings and Information described in the information brochure must be submitted with this application. Complete the checklist provided to ensure that all requirements are satisfied.

Please refer to appendix A of the information brochure for detailed instructions for completing this Application Form. Clearly print or type the information requested.

Section I – General Information

Applicant: _____ Doing Business as _____

Sewer Service Address: _____

Phone No.: () _____ Fax No.: () _____ E-mail Address: _____

Is your establishment a: sole proprietorship partnership corporation

Name of Owner, a General Partner, or Chief Executive Officer

Name: _____ Title: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Name of designate Representative and Signatory for the facility who can be served with notices and is responsible for signing all correspondence and reports. All correspondence, including certified mail, will be sent to this representative (this person must meet the requirements detailed in the instructions provided in Appendix A.)

Please check if this is the same person identified in Line F or provide the information below

Name: _____ Title: _____

Street: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Facility Contact During Inspections

Name: _____ Phone Number: _____

Section II- Facility Operational Characteristics

Please check descriptions that represent your facility.

Type of Food Service Establishment	Location
<input type="checkbox"/> Fast-Food Restaurant	<input type="checkbox"/> Stand-alone Restaurant
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Strip Mall Attached
<input type="checkbox"/> Buffet	<input type="checkbox"/> Mall/ Food Court
<input type="checkbox"/> Take Out Facility (only)	<input type="checkbox"/> School
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Bakery	<input type="checkbox"/> Company/ Office Building
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Stadium/ Amusement Park
<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Hospital
<input type="checkbox"/> Cocktails/ Bar	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Catering	<input type="checkbox"/> Hotel/ Motel
<input type="checkbox"/> Food Packager	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Other _____	<input type="checkbox"/> Prison
	<input type="checkbox"/> Other _____

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

Food Processing Equipment				Kitchen Equipment			
	Qty		Qty		Qty		Qty
<input type="checkbox"/> Deep Fryer		<input type="checkbox"/> Rotisserie		<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Other Equipment _____ _____	
<input type="checkbox"/> Charbroiler		<input type="checkbox"/> Stove		<input type="checkbox"/> Pre-rinse sink			
<input type="checkbox"/> Griddle		<input type="checkbox"/> Wok		<input type="checkbox"/> Mop Sink			
<input type="checkbox"/> Grill		<input type="checkbox"/> Other		<input type="checkbox"/> Floor Drains			
<input type="checkbox"/> Oven		<input type="checkbox"/> Other		<input type="checkbox"/> Garbage Disposal			

Please indicate operating schedule:

Days of Operation	Hours of Operation			
Monday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Tuesday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Wednesday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Thursday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Friday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Saturday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	
Sunday	Start: ___ Stop: ___	Start: ___ Stop: ___	or <input type="checkbox"/> 24 hours or <input type="checkbox"/> Closed	

Please provide the following miscellaneous information regarding your operations:

Miscellaneous Information			
No. of Employees		Do you wash pans?	
Seating Capacity (Inside)		Chain Status	
Seating Capacity (Outside)		Seating	
Average no. of meals served during peak hour			

Section III- Facility Information

Are you currently operating your business from the sewer address indicated? Yes No

If the answer is No, indicate the date you plan to begin operation: _____

Do you have a grease interceptor in this facility? Yes No
(see detailed instructions in Appendix A for definition of grease interceptor)

Property Owner: Name: _____

Street: _____ City: _____ State _____ ZIP _____

Phone No.: _____ Fax No.: _____

Section IV- Certification

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with EOCWD's FOG Ordinance and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

Certification of Owner, a General Partner, or Chief Executive Officer:

Name: _____

Signature: _____ Date: _____

Section V- Contact Information for this Application

Name of the person to contact concerning information provided in this application:

Name: _____

Street: _____ City: _____ State _____ ZIP _____

<p>Mail the completed application to: East Orange County Water District 185 N. McPherson Rd., Orange, CA 92869 (714) 538-5815</p>

APPENDIX A
SPECIFIC INSTRUCTIONS TO FILL OUT A
FOG WASTEWATER DISCHARGE PERMIT APPLICATION

Clearly print or type the information requested and return the signed original to EOCWD. All questions must be answered. DO NOT LEAVE BLANKS. If the question is not applicable, indicate "N/A" on the form.

LINE A Enter the Applicants official or legal name.

LINE B Provide the address (physical location) of the Food Service Establishment where wastewater is being discharged.

LINE C Enter the Food Service Establishment's contact information for the Owner, General Partner or Chief Executive Officer, including name, title, street address, city, state, zip code, phone number and fax number.

LINE D Enter the name of the Designated Representative and Signatory who has been authorized by the corporate officer, general partner, or proprietor to be responsible for receiving notices and signing all correspondence and reports. Provide the title, address, phone number, and fax number of the owner, partner, or chief executive officer. **Note that all correspondence, permit, and notices from EOCWD will be sent to this person.** The Designated Representative and Signatory is defined as follows:

1. A responsible corporate officer, if the business is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
 - a. a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - b. the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. A general partner or proprietor if the business is a partnership or sole proprietorship respectively.
3. A duly authorized representative of the individual designated in paragraph (1) or (2) of this section if:
 - a. The authorization is made in writing by the individual described in paragraph (1) or (2);
 - b. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the wastewater discharge originates, such as the position of a manager, or a position of equivalent responsibility for environmental matters for the company; and
 - c. The written authorization is submitted to EOCWD.

LINE E Enter the grease interceptor capacity in gallons.

Line F Enter the names of all food service establishments connected to maintained grease interceptors.

LINE G The permit application must be signed and dated by the Owner, a General Partner, or Chief Executive Officer identified in Line C.

LINE H Provide the name, address, phone number, and email of the person that EOCWD can contact if there are questions regarding the permit application.