

Return Completed Application and Permit Fee to:
Orleans Wastewater Treatment Facility
29 Overland Way
Orleans, MA 02653
508-240-3700 x 2349



For Sewer Department Compliance Use
Received Date: _____
Check #: _____

Town of Orleans
Department of Public Works & Natural Resources
Fats, Oils and Grease (FOG) Permit Application for FOG Generators

Refer to page five (5) of this application for descriptions, definitions, and instructions.

1. REASON FOR APPLYING

A. New Permit _____ **B. Change of Ownership** _____

2. COMPANY INFORMATION

A. Company Name (Legal Name)

B. Facility Location and Contact Information

Street Address _____ Unit # _____ City _____ State _____ Zip _____

Contact Person Name _____ Title _____

Business Phone # _____ Cell Phone # _____ E-Mail _____

C. Mailing Address and Contact Information

Check here if same as above _____

Street Address _____ Unit # _____ City _____ State _____ Zip _____

Contact Person Name _____ Title _____

Business Phone # _____ Cell Phone # _____ E-Mail _____

D. Ownership Type _____ Sole Proprietor _____ Partnership _____ Corporation

E. Names and Titles of Business Owner(s), Partners or Corporate Officers:

F. Authorized FOG Program Representative (definitions on back page) check here if same as above _____

Name _____ Title _____

Business Phone # _____ Cell Phone # _____ E-Mail _____

3. Landlord, Property Owner or Management Company

Name _____ Title _____

Street Address _____ City _____ State _____ Zip _____

Business Phone # _____ Cell Phone # _____ E-Mail _____

4. Facility and Business Information

A. Type of Business or Food Service Establishment (check all that apply)

____ Food Preparation ____ Food Packager ____ Restaurant ____ Fast Food

____ Take Out Facility ____ School Cafeteria ____ Other Cafeteria ____ Convenient Store

____ Child Care Facility ____ Other, Specify _____

B. Size of Location (square feet) _____ **Available Seating** (inside and outside) _____

C. Total Number of Employees _____

D. Date Business Opened or Anticipated Date of Opening _____

E. Days and Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

For seasonal establishments, when do you open and close for the season _____

All seasonal establishments are required to notify Veolia when they open/close for the season.

- F. List major equipment used for food preparation (i.e. grills, fryers, dishwashers, sinks, etc.)
Use additional sheets if needed

Type	Size/Specifications

- G. Number of Grease Traps (internal) and Tanks (external) _____ Fill in required information below:
(Must attach approved drawings showing location and access point of external tanks)

Location	Size (in gallons)	Service Frequency	Type (check one)
			___internal external___
			___internal external___
			___internal external___

5. Grease Hauler Information

Name of Hauler

Address, City, State, Zip

Phone # _____ E-Mail _____

You have reviewed the following requirements of the program with your contracted hauler _____ (initial)

- Monthly Interior Grease Trap Pumping by a licensed hauler (if you have an internal trap at your establishment)
- Monthly External Grease Tank Inspection by a licensed hauler
- External Grease Tank Pumping every 3 months or at 25% solids (whichever is first) by a licensed hauler

Please note: Required pumping frequency is subject to change per direction of the Town due to size of grease tank and Title V size requirements. You will be notified when your permit is issued if this applies to your establishment.

6. Maintenance

Any major maintenance, repairs, and/or replacements made to the system within the previous permit year:

Equipment	Maintenance / Repairs or Replacements Completed

7. Previous FOG Violations

Declaration of any notice of violations of FOG Program requirements within the previous permit year. If any, describe the violation and any actions taken to correct violations. If none, write N/A.

Violation	Action

8. Required Attachments:

- Approved drawings showing location, dimensions, and access points of external grease tanks; site plans depicting building invert locations, kitchen location, and restroom facilities locations
- Check payable to Town of Orleans in the amount of: Up to 2 Grease Tanks \$100.00/year; More than 2 Grease Tanks Additional \$50.00/year for each Grease Tank over 2

9. Signatory Requirement -

This must be signed by all owners, partners, corporate officers of the establishment.

I certify under penalty of law that I have personally examined and am familiar with the information in this application form and all its attachments, and I have attended an Introductory FOG Control Meeting, and based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine.

Name & Title

Signature & Date

Definitions and Descriptions

Food-Service Establishment – Any facility that prepares, serves, or processes food on a regular basis for commercial use or sale including but not limited to restaurants, cafeterias, hotels, hospitals, institutional facilities, factories, clubs, bars where food is prepared and served, and all commercial kitchens; food and meat packing and processing establishments; super markets, bakeries and others that generate FOG that may be introduced into the Town collection system in quantities that can cause sewer blockages.

Grease Trap – A small reservoir built into the wastewater piping a short distance from the grease producing area. Baffles in the reservoir retain the wastewater long enough for the grease to congeal and rise to the surface so that it can be removed.

Grease Tank – A large, partitioned collection chamber usually outside a building that captures FOG by trapping floatable and settleable solids prior to being discharged to the Town collection system, and whose rated flow exceeds 50 gallons per minute (GPM).

FOG generator – Any commercial establishment, industry, or resident that creates FOG that can be discharged with wastewater into the sewer collection system or into septic or storage tanks whose contents are delivered to the Wastewater Treatment Facility

Authorized FOG Program Representative - Business authorized representative responsible for the operation of the company discharging wastewater or a company employee (manager/supervisor) authorized to sign documents for the business officer. The following do not qualify as a business authorized representative: contractors, designers, architects, employees who are not titled managers or supervisors.

Signatory Requirement – Business officer titles include but are not limited to: owner, partner, managing partner, president, vice-president, secretary, treasurer, and CEO. The following do not qualify as a business authorized representative: contractors, designers, architects, employees who are not titled managers or supervisors.

Instructions - Use extra sheets if needed or when applicable on any section of the FOG permit.

1. **A-B** Indicate reason for applying for a FOG permit.
2. **A- C** Location address describes the business location that is to be permitted and mailing address for FOG correspondence (billing, fines and notifications of violation). **D.** Ownership Types: sole proprietor indicates only one individual and no partners owning said business. Partnership indicates more than one owner but is not incorporated. Corporation indicates a company formed by more than two individuals and often has a group of shareholders. **E.** Names and Title: cannot be employees such as managers or general laborers. **F.** Authorized Representative: refer to definition above.
3. If building/facility/lot is rented/leased, give the landlord's information.
4. **A** Give business description either by checking appropriate selection or describing under the other category. **B.** Size of facility – should be given in square feet and give total available seating. Include any seasonal (outdoors, decks, anything external from hardened building). **C.** List employee information **D.** Provide date business will be opening if not already open, or provide date business opened **E.** Hours of operation. For seasonal establishments, provide when business opens and closes for the season. **F.** Equipment Information – Any major equipment used in the production or business process which comes into contact with Fats Oil and Grease. **G.** Trap/Tank information – refer to definition given above. You may have your plumber fill this section in.
5. Grease Hauler Information: Provide who your contracted hauler for your grease traps and tanks is.
6. Provide any major maintenance, repairs and/or replacements made to the system within the previous permit year.
7. Clearly identify and explain any violations in the previous permit year and any actions taken to correct the violations.
8. Required Attachments - New FOG Permit applications must attach a copy of the site plan detailing where the location of the external grease tanks are, the access points, and dimensions. The fee for the permit is to be made payable to Town of Orleans.
9. Signatory Requirement - This application must be signed by all owners, partners, corporate officers of the establishment. Name and title must be provided as well as signature and date.

(FOR INTERNAL USE ONLY)

- Permit Fee Received
- Approved drawings showing location and access points of external grease tanks received
- FSE Meeting with Veolia Attended on: _____

Health Department Review:

DPW Review:

Health Agent

DPW

Health Department Comments:

DPW Comments:

Administrative Section:

Date Permit Issued: _____

Permit #: _____