

## INSTRUCTIONS FOR COMPLETING FOG PERMIT

**New FSE's: Application is due 45 days prior to discharge to the sewer system.**

**Existing FSE's: Application is due on or before your renewal date.**

1. Enter name of establishment.
2. Enter business address.
3. Enter mailing address if different from business address.
4. Enter name of applicant.
5. Enter mailing address of applicant if different than business mailing address.
6. Enter the name of the legal owner of property upon which the business is located, if it is different from the applicant of the business.
8. Enter Facility Operational Characteristics under Section B. For new FSE's this section must be filled out completely. For renewals, only fill out if there are changes from the previous year.
9. Identify types/makes of grease traps and/or interceptors and who is responsible for cleaning. If this is a renewal and no changes from previous year, please indicate no change.
10. Sign and date the second page of application, this certifies that all information on the application is true, accurate and complete.
11. **ALL RENEWAL APPLICANTS MUST PROVIDE A COPY OF THEIR CLEANING RECORDS by either submitting the log that was provided or copies of your receipts. THIS IS A REQUIREMENT OF YOUR PERMIT.**

You may submit your application, cleaning logs and renewal fee in the following ways:

Via email: [ttucker@yorksewerdistrict.org](mailto:ttucker@yorksewerdistrict.org). Application forms can be found on our website at [www.yorksewerdistrict.org](http://www.yorksewerdistrict.org) under the FOG quick link on the home page.

Payments can be made on the website at [www.yorksewerdistrict.org](http://www.yorksewerdistrict.org) by clicking they pay online button. You will need to use your location address when submitting payment.

Otherwise, mail or drop off in person to:

York Sewer District  
c/o Regulatory Compliance Manager  
P.O. Box 1039  
21 Bay Haven Road  
York Beach, ME 03910

If you have any questions when filling out your application, please contact Theresa Tucker at 207-363-4232.

***\*By not submitting your application by your renewal date is a violation of the District's Rules and Regulations and can be subjected to enforcement action. Please notify the Regulatory Compliance Manager ASAP if your application is going to be late.***



# YORK SEWER DISTRICT

## FATS, OILS, AND GREASE (FOG) PERMIT APPLICATION

### SECTION A – ESTABLISHMENT INFORMATION

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_  
Business Address \_\_\_\_\_ Tel # \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Name and Title of Applicant \_\_\_\_\_ Tel # \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name of Owner (if different from Applicant) \_\_\_\_\_

### SECTION B – FACILITY OPERATIONAL CHARACTERISTICS

Type of Establishment:    Retail (\_\_\_\_\_ sq. ft.)                                  Food Delivery  
*(check all that apply)*    Food Service (\_\_\_\_\_ seats)    Food Service - Takeout  
   Food Services – Institution (\_\_\_\_\_ meals/day)                                  Caterer  
   Other: \_\_\_\_\_    Residential Kitchen

Establishment Open:        Year-Round    Seasonal

List the hours of operation:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Number of meals or customers served per day (Year-around establishments, please fill in both.):

<b>In Season (May-Oct)</b> _____ Meals/Customers per day	<b>Off Season (Nov-April)</b> _____ Meals/Customers per day
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Indicate the quantity of each item that you currently have or will install in your facility:

____ Grill	____ Deep Fryer	____ Hand Sink	____ 3 Bay Pot Sink
____ Oven	____ Floor Drains	____ Pre-rinse Sink	____ 2 Bay Pot Sink
____ Dishwasher	____ Garbage Disposal	____ Mop Sink	____ Single Bay Sink
____ Tilt Kettle/Crock Pot	____ Other Equipment _____		

### SECTION C – GREASE TRAP/INTERCEPTOR INFORMATION

GREASE TRAP/INTERCEPTOR INFORMATION				
Please enter information for each separate unit you may have on site.				
Make/Model	Size (GPM & Grease Capacity in Lbs.)	Location	Approx. Age	Company or Party Responsible for Cleaning

**GREASE DISPOSAL/HAULER OR GREASE RECYCLER INFORMATION**

Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Name \_\_\_\_\_ Tel # \_\_\_\_\_



# YORK SEWER DISTRICT



## SECTION D – BEST MANAGEMENT PRACTICES

Best Management Practices (BMP's) should be implemented by the permittee to protect your facility from clogs and to better protect our waterways and beaches. More information on BMP's is available in the FOG section of the York Sewer District (YSD) website: <https://www.yorksewerdistrict.org/commercial>

### CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and affirm that 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. I certify that upon approval of the permit, this establishment's operation and its resultant wastewater discharge will achieve consistent compliance with the York Sewer District's Regulations for Governing the Use of Public and Private Sewers and applicable federal, state and local wastewater discharge requirements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please be aware that per the York Sewer District's Regulations, the District has the right to inspect the facility at any time, with or without prior notice, to ensure that all requirements of this FOG Ordinance and all other Federal, State, and local wastewater discharge requirements are being met.*

### THIS SECTION TO BE COMPLETED BY YORK SEWER DISTRICT STAFF

Date of Inspection: \_\_\_\_\_

Parties Present for Inspection: \_\_\_\_\_

Grease Trap / Interceptor properly installed with all parts? Yes No  
If "No," what is the issue? \_\_\_\_\_

Are all fixtures properly hooked to the Trap / Interceptor? Yes No  
If "No," what is the issue? \_\_\_\_\_

Is the information provided on the Trap(s) / Interceptor(s) correct? Yes No  
If "No," have corrections been made? \_\_\_\_\_

### GREASE PRODUCTION

Menu Type: \_\_\_\_\_ Grease Factor Group A B C D

Capacity of Trap / Interceptor in lbs. \_\_\_\_\_

#### IN SEASON

Grease Factor per Meal \_\_\_\_\_ x \_\_\_\_\_ # of Meals per Day = \_\_\_\_\_ **Total lbs. of Grease / Day**

Based on Grease Produced and Capacity, Cleanings are required \_\_\_\_\_ Daily Weekly Monthly

#### OFF SEASON

Grease Factor per Meal \_\_\_\_\_ x \_\_\_\_\_ # of Meals per Day = \_\_\_\_\_ **Total lbs. of Grease / Day**

Based on Grease Produced and Capacity, Cleanings are required \_\_\_\_\_ Daily Weekly Monthly

Acceptable Permit Conditions? Yes No Fee Paid? Yes No

Signature of the YSD Representative \_\_\_\_\_ Date \_\_\_\_\_

### ACCEPTANCE OF PERMIT

I acknowledge and accept the required operation and maintenance schedule of the grease trap/interceptor as stated above and will comply with these requirements as a condition of this permit. This permit is valid for one (1) year from the date of acceptance.

Signature of Permittee \_\_\_\_\_ Date \_\_\_\_\_