

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. Application forms can be found on our website at www.yorksewerdistrict.org under the FOG quick link on the home page.

Payments can be made on the website at 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 a \$100 late fee will be applied and is considered a violation of the District's Rules and Regulations and may be subjected to possible 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.):

In Season (May-Oct)	Off Season (Nov-April)
_____ Meals/Customers per day	_____ Meals/Customers per day

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 _____