



APPLICATION FOR WASTEWATER DISCHARGE PERMIT OF FATS, OIL, AND GREASE (FOG)

Instructions: For the North Huntingdon Township Municipal Authority (NHTMA) 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 filled 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. NHTMA will return your permit application if it is not signed by the proper company official.
- ❖ The permit fee (\$120.00) will be divided and billed as part of the yearly billing cycle. An application received without remittance will be returned. All required Drawings and Information described in the NHTMA FOG Implementation Plan must be submitted with this application. Complete the checklist provided at the end to ensure that all requirements are satisfied.

NHTMA **will not** process incomplete Permit Applications. Please refer to the information brochure for **detailed instructions** for completing this Application Form. Clearly print or type the information requested.

Section I – General Information

A. Applicant _____
Corporation or FOG Generating Facility Name

B. Doing Business as _____
Establishment Name used at Sewer Address Listed Below

C. Sewer Service Address _____
Street City State Zip

D. Telephone Number _____

E. Fax Number _____

F. Is your establishment a: Sole Proprietorship Partnership Corporation

G. Name of Owner, General Partner, or Chief Executive Officer

Name Title

Street City State Zip Code

Telephone Number Fax Number

H. Facility Contact During Inspections

Name _____ Title _____

Telephone Number _____

Section II – Facility Operational Characteristics

I. Please check descriptions that represent your facility.

Type of FOG Generating Facilities				
Fast Food Restaurant			Meat Processor	
Full Service Restaurant			Convenience Store	
Take Out Facility (only)			Auto/Truck Repair	
School Cafeteria			Oil Change Center	
Other Cafeteria			Car Wash	
Food Preparation/Catering			Auto Dealership	
Food Packager				
Other, Please Specify:				

J. Please provide the following miscellaneous information regarding operations (*Food service only*)

Miscellaneous Information				
No. of Employees		Do you wash dishes?	<input type="radio"/> Yes	<input type="radio"/> No
Seating Capacity (Inside)		Chain Status	<input type="radio"/> Chain	<input type="radio"/> Independent
Seating Capacity (Outside)		Seating	<input type="radio"/> Sit-Down	<input type="radio"/> Take-Out
Average no. of meals served during peak hour			<input type="radio"/> Both	

K. Please indicate operating schedule, if seasonal, please attach schedule or calendar events.

Days of Operation	Hours Of Operation											
	Start		Stop		Start		Stop		24 Hours		Closed	
Monday	Start		Stop		Start		Stop		24 Hours		Closed	
Tuesday	Start		Stop		Start		Stop		24 Hours		Closed	
Wednesday	Start		Stop		Start		Stop		24 Hours		Closed	
Thursday	Start		Stop		Start		Stop		24 Hours		Closed	
Friday	Start		Stop		Start		Stop		24 Hours		Closed	
Saturday	Start		Stop		Start		Stop		24 Hours		Closed	
Sunday	Start		Stop		Start		Stop		24 Hours		Closed	

Section III – Facility and FOG Control Equipment Information

L. 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: _____

M. Do you have a: Grease Interceptor Grease Trap Oil & Grit Separator other

N. Brand Name: _____

O. Model: _____

P. Flow Rate (GPM): _____ Q. Capacity (Lbs.) _____

R. Location: _____

S. Devices/Fixtures Connected to FOG Control Equipment: _____

T. Property owner
 Name: _____

Street City State Zip Code

Phone Number Fax Number

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 fines.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with NHTMA's FOG Program 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.

U. Certification of Owner, a General Partner, or Chief Executive Officer

Name Title

Signature Date

Section V – Contact Information for this Application

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

Name Telephone

Street City State Zip Code

Section VI – Check List

1. New FOG Control Equipment

- Permit Application
- Fixture Flow Rate Table (*Food service, Grease Trap only*)
- EPA Sizing Worksheet for Grease Interceptors (*Food service only*)
- Food Menus (*Food service only*)
- Site Plan
- Plumbing Plan
- FOG Control Equipment Construction Details
- EPA Sizing Guideline for Vehicle Maintenance & Repair Facilities Oil and Grit Worksheet

2. Existing FOG Control Equipment or Permit Renewal

- Permit Application
- Fixture Flow Rate Table (*Food service, Grease Trap only*)
- EPA Sizing Worksheet for Grease Interceptors (*Food service only*)
- Food Menus (*Food service only*)
- FOG Control Equipment Verification Form
- EPA Sizing Guideline for Vehicle Maintenance & Repair Facilities Oil and Grit Worksheet