



## Food Service Establishment-Grease Control Equipment Inquiry

1. Permit Application Number: \_\_\_\_\_
2. New Facility?  Yes  No
3. Upgrade to an existing facility?  Yes  No
4. If upgrade to an existing facility, is kitchen area and/or food prep area affected?  Yes  No
5. Name of facility: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_
8. Phone Number: \_\_\_\_\_ Fax Number : \_\_\_\_\_
9. E-mail: \_\_\_\_\_

### Authorized Representative Information

10. Contact Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
11. Title: \_\_\_\_\_
12. Phone Number \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Facility Information

13. Available Seating: \_\_\_\_\_ NAICS code: \_\_\_\_\_
14. Number of Employees: \_\_\_\_\_
15. Approximate # of meals served daily: \_\_\_\_\_
16. Days & Hours of Operation: \_\_\_\_\_
17. Description of facility:  Deli, ice cream shop, beverage bar, mobile food vendor  Limited service restaurant/cafeteria/daycare  Full service restaurant  Buffet and Cafeteria facility  Institution (school, hospital, prison, etc)

18. **Kitchen Fixtures** (mark all that apply & include number & if applicable, the drain size for each marked)

#### Drain Size (inches)

- |   |                                |                      |              |
|---|--------------------------------|----------------------|--------------|
| <input type="checkbox"/> 3 Compartment Sink | <input type="checkbox"/>       | <input type="text"/> | Floor Sink   |
| <input type="checkbox"/> 2 Compartment Sink | <input type="checkbox"/>       | <input type="text"/> | Wok          |
| <input type="checkbox"/> Hand Sink          | <input type="checkbox"/>       | <input type="text"/> | Fryer(s)     |
| <input type="checkbox"/> Dishwasher         | <input type="checkbox"/> Grill | <input type="text"/> |              |
| <input type="checkbox"/> Mop Sink           | <input type="checkbox"/>       | <input type="text"/> | Stove/Oven   |
| <input type="checkbox"/> Floor Drains       | <input type="checkbox"/>       | <input type="text"/> | Other: _____ |

19. Grease Recycle Bin/Container Available?  Yes  No
20. Have reviewed Best Mgt. Practices (BMPs) for **Fats, Oils, & Grease** control?  Yes  No
21. Type of Grease Control Equipment Proposed:  Interceptor  Under Sink Trap  Floor Trap
22. Attach copy of calculation for Grease Control Equipment Sizing:  Enclosed
23. Size of proposed grease control equipment:
  - 500 gal  750 gal  1000gal  1500gal  2000gal
  - Two interceptors in series: Size of Each Tank: \_\_\_\_\_gallon
  - 20gpm/40pound  25gpm/50pound  35gpm/70pound  50gpm/100pound
24. **Grease Waste Hauler:** \_\_\_\_\_
25. **Frequency of interceptor cleaning:** \_\_\_\_\_
26. **Please attach copy of plumbing plans for kitchen and food preparation areas.**