Town of Culpeper Department of Environmental Services

Fats, Oils, and Grease (FOG) Permit and Grease Control Device Registration Questionnaire

1. Company Name: _____
2. Company Contact: _____
3. Mailing Address: _____
4. Telephone Number: _____
5. Email Address: _____
6. Facility Name: _____
7. Location Address: _____
8. Hours of Operation: _____
9. Facility Contact: _____
10. Facility Telephone #: _____
11. Email address: _____
12. Is there food preparation on the premises? _____Yes _____ No
13. Food Type: (*Check all that apply.*)

	Coffee House		School Cafeteria		Buffet		European
	Ice Cream/Smoothies		Day Care #_____		Chinese		Middle Eastern
	Pizza		Bed & Breakfast #_____		Japanese		Burgers
	Fast Food		Hotel/Motel		Vietnamese		Seafood
	Delicatessen		BBQ		Thai		Steakhouse
	Corporate Cafeteria		Sports Grill		Italian		Sandwich Shop
	Commercial Cafeteria		Convenience Store		Mexican		Grocery
	Other:						

14. Number of Fixtures:

	Deep Fryers		3-Compartment Sinks		Tilt Kettles		Wok Ranges
	Grills		2-Compartment Sinks		Garbage Disposals		Pre-wash Sinks
	Ovens		1-Compartment Sinks		Dishwashers		Mop Sinks

15. Grease Control Device (GCD) Location/Type:

	Exterior Grease Interceptor		Interior Under Sink Trap		Interior Floor Trap

16. GCD Size in gallons, lbs, or gallons per minute: _____
17. GCD Model (if unknown, leave blank): _____
18. GCD Service Company: _____
19. GCD Cleaning Frequency:

	Daily		Bi-Weekly		Weekly
	Monthly		Quarterly		Annually

20. Yellow/Fryer Grease Rendering Container on site? _____Yes _____No
21. Yellow/Fryer Grease Rendering Company: _____

I, _____, certify that to the best of my knowledge the above information is correct.
(Print Name)

_____ _____
(Signature) *(Date)*

Please see directions for completing this form attached or on the reverse side.

Directions for completing FOG Permit and Grease Control Device Registration Questionnaire

This Fats, Oils, and Grease (FOG) Permit and Grease Control Registration Questionnaire is required to be completed and returned within 30 days for evaluation and determination if a Fats, Oils and Grease (FOG) permit is required in accordance with Town Code § 24-146. Town Code requires all Food Service Establishments that discharge to the Town of Culpeper's Wastewater Collection System to have a FOG permit after January 1, 2010.

Once this form has been completed and submitted to the address below, you will typically be notified within 30 business days as to whether or not your facility requires a permit. If a permit is required, this questionnaire will serve as an application for the permit. If you have questions or need assistance completing this form, please contact John Morgan, Town of Culpeper Pretreatment Coordinator, at 540-825-1199, ext. 8163, or at jmorgan@culpeperva.gov. A copy of the FOG ordinance and regulation can be found at http://www.culpeperva.gov/departments/DES/FOG_REGULATION.htm.

Directions for Form Completion

1. ***Company Name***. This is the name of the company that owns the facility. It can be a parent company, a corporation, or an individual.
2. ***Company Contact****.* Name the person to contact regarding the company.
3. ***Mailing Address****.* Mailing address of the company.
4. ***Telephone Number****.* The company contact's telephone number.
5. ***Email Address****.* The email address of the company contact.
6. ***Facility Name****.* The name of the facility.
7. ***Location Address****.* The physical address of the facility.
8. ***Hours of Operation****:* The hours the facility is open.
9. ***Facility Contact****.* Name of the facility Manager or the person who will be the main contact for interacting with Town of Culpeper Department of Environmental Services staff.
10. ***Facility Telephone Number****:* The telephone number of the facility and/or the phone number of the person listed in #9 above.
11. ***Email Address****:* The email address of the facility and/or the person listed in #9 above.
12. ***Food Preparation****?* Answer yes if any food preparation occurs at the facility.
13. ***Food Type****.* Check the box next to the type(s) of food prepared and/or served in the facility. You may check as many boxes as necessary. If "other", write in a simple description. For Day Care facilities, enter the number of children cared for. For B&B's, enter maximum number of guests. If none apply, write "none" beside "other".
14. ***Number of Fixtures****.* Please enter the number of each type of fixture used/installed.
15. ***GCD Location/Type****.* A large, in-ground GCD located outside the facility should be denoted as an "exterior interceptor". If the GCD is indoors and under the sink, it should be denoted as "interior undersink trap". If the GCD is indoors and under the floor, it should be denoted as "interior floor trap".
16. ***GCD Size****.* If the GCD is indoors and aboveground, the size can usually be found labeled on the device. In other cases, the GCD servicing company will be able to provide the approximate volume in gallons. Use an approximate volume if appropriate.
17. ***GCD Model****.* If the GCD Model is known, enter here; if not, state unknown.
18. ***GCD Servicing Company****.* If an outside company services the GCD, enter the name here.
19. ***GCD Cleaning Frequency****.* Enter the frequency (or approximate frequency) that the GCD is cleaned.
20. ***Yellow/Fryer Grease Rendering Container onsite****.* A rendering container is the container used to collect yellow grease (fryer grease or any grease that DOES NOT come into contact with wastewater) until it is picked up for recycling. If you have such a container on site, mark "Yes", otherwise, mark "No".
21. ***Yellow/Fryer Grease Rendering Company****.* Enter the name of the company contracted to pick up yellow grease for recycling if you answered "Yes" to #20 above.

Please complete this form and submit to:
Pretreatment Coordinator
Town of Culpeper WPCF
400 S. Main Street
Culpeper, VA 22701