



City of Hodgenville FOG Discharge Application

www.cityofhodgenvilleky.com

Directions: Please provide the following information so that we may better serve you. This application was developed in order to address Food Service Establishments. If any of the questions do not apply to your particular business, please indicate N/A (non-applicable). Please return this questionnaire to the **City of Hodgenville Code Enforcement**.

GENERAL INFORMATION:

Company Name: _____

Owner Name: _____

Owner Phone Number: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Facility Phone Number: _____

Type of Business: _____

Representative Responsible for Commercial Discharge: _____

Title: _____ Phone Number: _____

FACILITY OPERATIONS CHARACTERISTICS:

OPERATIONAL INFORMATION:

Days of Operation:

Sun: ___ Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___ Sat: ___

Hours of Operation: _____

Seating Capacity: _____ Number of Employees: _____

Approximate # of Meals Served Daily: _____

If your facility has food services, please indicate which type (check all that apply):

Food Preparation:

Fast Food:

Prison/Jail Cafeteria:

Food Packager:

Take Out Facility:

School Cafeteria:

Restaurant:

Other Cafeteria:

Meat Processor:

Other:

If other selected, please specify: _____

Please indicate all items that are present in your facility's kitchen by listing the quantity of each next to the corresponding appliance (add any not listed):

Floor Drains:

Mop Sink:

3- Compartment Sink:

Double Sink:

Hand Sink:

Dishwasher:

Garbage Disposal/ Grinder:

Soup Kettle:

Workstation:

Grill:

Oven:

Fryolators/ Deep Fryer:

Other: _____

Please provide a brief narrative of any food service activity. List types of food, food preparation, cooking, handling etc.

WASTEWATER DISCHARGE INFORMATION:

Does the facility have Grease Control Equipment (i.e. grease trap/ interceptors) in place?

Yes:

No:

If yes please provide all information known about the Grease Control Equipment:

Are any additives placed into these devices? _____

If waste oil from fryers, woks, grill drippings, etc. is produced, please explain how it is disposed, recycled, etc. _____

Please provide (if applicable) a copy of the facility's indoor and outdoor plumbing plans as well as a copy of the facility's menu with this application.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief that such is true, complete, and accurate. Should a permit be granted I agree:

A: To furnish any additional information relating to the installation or uses of the sanitary sewer for which this permit is sought as may be requested by the City of Hodgenville.

B: To accept and abide by all regulations and requirements of the Sewer Use Ordinance, and all future ordinances and regulations that may be adopted by the City of Hodgenville.

C: To operate and maintain any pollution control facilities, as required as a condition of the acceptance in the wastewater treatment system, in an efficient manner at all times, and at no expense to the City of Hodgenville.

D: To cooperate with the City of Hodgenville and its representatives in administration and enforcement of this program.

E: To notify the City of Hodgenville immediately in the event of any accident or other occurrence which could cause discharge with characteristics which are in violation of the City of Hodgenville's Sewer Usage Ordinance.

Signature: _____

Printed Name: _____

Title: _____

Date: _____