

Fats, Oils and Grease (FOG) Management Plan Application

ESTABLISHMENT INFORMATION						
Address of ApplicantEmail		Te	elephone			
		Telephoneoplicant)				
Type of Establishment: (check all that apply)	☐ Retail (☐ Food Se☐ Food Se☐ Caterer	perational character sq. ft.) ervices (seats) ervices – Institution (meals/day)	☐ Limited Retail Prepacka		
		hat you currently have or				
Grill Oven Dishwash Pre-Rinse Mop Sink	er _ Sink _	Deep Fryer Floor Drains Hand Sink Tilt Kettle/Crock Pot Garbage Disposal	3 Bay P 2 Bay P Single E Other E	ot Sink Bay Sink		

FOG MANAGEMENT DEVICE (FMD) INFORMATION

ID#	Location	Make, Model & Size	New or Existing	Recommended Cleaning Frequency**
** Important	t Note: At a minimum gre	ase traps and interceptors mu	st he cleaner	d when FOG and solids
	o 25% of the device volum		st be cicumet	a when i o d and somus
•••••			•••••	•••••
Identify the		IG DOCUMENTATION Control ion attached to this form. If		"None" nlease
provide an e	•	ion attached to this form. If	Other of	None , picase
-	pies of FMD Cleaning an			
•	pies of Hauling Receipts, pies of Employee Trainir	/Waste Disposal Manifests ng Records		
☐ Co _l	py of Floor Plan or Kitch	en Layout (Photos of equipr	=	
□ Oth	ner: ne:			
•••••		ALLIED OD EOG DECYCLE		
	TUU DISPUSAL / HA	NULER OR FOG RECYCLE	N INFURIV	TATION
Nama		Telephone #		

BEST MANAGEMENT PRACTICES						
Identify the Best Management to minimize the authorized under this application.	adverse environmental effects of activities					
 □ Train Kitchen staff □ Clean grease traps/interceptors routinely □ Witness all grease trap cleaning and maintenance □ Dispose of used oil through a grease hauler □ Other: 	 Recycle waste cooking oil Keep maintenance logs Dry wipe pots, pans and dishware prior to dishwashing Cover outdoor crease and oil storage containers Use absorbent pads or other material to clean up spilled fats, oils and grease. 					
	ication					
I certify that under penalty of law that I have per information submitted in this application and aff best of my knowledge and belief, true, accurate significant petalites for submitting false information the establishment's operation and its resultant compliance with the City of Somerville's FOG Prand locate wastewater discharge requirements.	ffirm that the information submitted is, to the e, and complete. I am aware that there are ation. I certify that upon approval of the permit, wastewater discharge will achieve consistent retreatment Regulations and applicable federal					
Signature of Applicant	Date					