



**CITY OF FERNDALE**  
**FATS, OILS, AND GREASE CONTROL PROGRAM**



**FOOD SERVICE ESTABLISHMENT**  
**FOG CONTROL PLAN**

<b>Name of Facility</b>			
<b>Name of Owner</b>		<b>Phone</b>	
<b>Name of Manager</b>		<b>Phone</b>	
<b>Mailing Address</b>		<b>Email</b>	

**Account Number:** From water/sewer bill. May be obtained from landlord if landlord pays the water bill.

**Customer Service Address:** From water/sewer bill. May be obtained from landlord if landlord pays the water bill)

**Landlord/Property Manager Name and Phone**

Type of Facility										
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop			
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Convenience Store			
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store					
<b>Seating Capacity</b>		<b>Hours of Operation:</b>		Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Number of Employees</b>										

**Operational Characteristics** (list you establishment's food preparation activities)

<input type="checkbox"/>	Baking	<input type="checkbox"/>	Grilling	<input type="checkbox"/>	Frying	<input type="checkbox"/>	Vegetable Prep
<input type="checkbox"/>	Other (please describe):						

**Types of Fixtures** (list quantity of each)

	Deep Fryers		3-compartment sinks		Tilt Kettles		Wok Ranges
	Grills		2-compartment sinks		Garbage Grinders		Pre-wash sinks
	Ovens		1-compartment sinks		Dishwashers		Mop sinks
	Rotisserie		Hot Dog Roller				

<b>Types of Grease Abatement</b> (check all that apply)	<b>Quantity</b>	<b>Serviced By</b>	
<input type="checkbox"/> Outside Volume Based Interceptor		Name of Pumper/Hauler:	
<input type="checkbox"/> Passive (Manual) Grease Trap		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:
<input type="checkbox"/> Mechanical Grease Removal Device		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:
<input type="checkbox"/> Unknown/ Other: _____		<input type="checkbox"/> Self	<input type="checkbox"/> Hauler Name:

<b>Name of Waste Fryer/Vegetable Oil Hauler</b>	<b>Gallons of Waste Fryer/Vegetable Oil Picked Up by Hauler</b>	<b>Frequency of Pick up</b>

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete.

<b>Owner/Authorized Representative (print):</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

### Best Management Practices

Check each of these Best Management Practices you and your staff actively use to prevent FOG discharge to the sanitary sewer system.

<input type="checkbox"/> Train kitchen staff in FOG reduction techniques	<input type="checkbox"/> Dry wipe or scrape pots, pans and dishware prior to washing
<input type="checkbox"/> Post "no Grease" signs above sinks	<input type="checkbox"/> Water temperature less than 140° F
<input type="checkbox"/> Collect waste fryer grease, grill grease, and cooking oils for recycling	<input type="checkbox"/> Proper food waste disposal (in trash not down drain)
<input type="checkbox"/> Installation of grease trap or grease interceptor	<input type="checkbox"/> Scrape and sweep up spills before using water for clean up
<input type="checkbox"/> Greased covered and stored away from drains	<input type="checkbox"/> Routine cleaning of kitchen exhaust system filters (done in sink connected to grease retention device or professionally cleaned)
<input type="checkbox"/> Drain screens installed on all drains	<input type="checkbox"/> Eliminate garbage grinders
<input type="checkbox"/> Skim or filter fryer grease daily and change the oil only when necessary	<input type="checkbox"/> Mop water and mat cleaning water discharged to the sanitary sewer
<input type="checkbox"/> Other:	

### Waste Discharge Information (identify how the following products are disposed of)

	Sewer	Trash	Recycle
Solid Wastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil & Grease:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Wastes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Pretreatment

Do you currently have a grease interceptor/trap installed?     **YES**                       **NO**

If "YES", please continue the questionnaire, sign, date, and return it. If "NO", skip to item 10.

\*A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, yet similar device located under the sink. These are both different from a grease-recycling bin.

1. What is the size (in gallons) of the device?

2. Where is the device located?

3. Is the device adequate and functioning as designed?     **YES**                       **NO**

If "NO", please explain:

4. Which of the following fixtures are connected to your device? (please indicate the quantity of each)

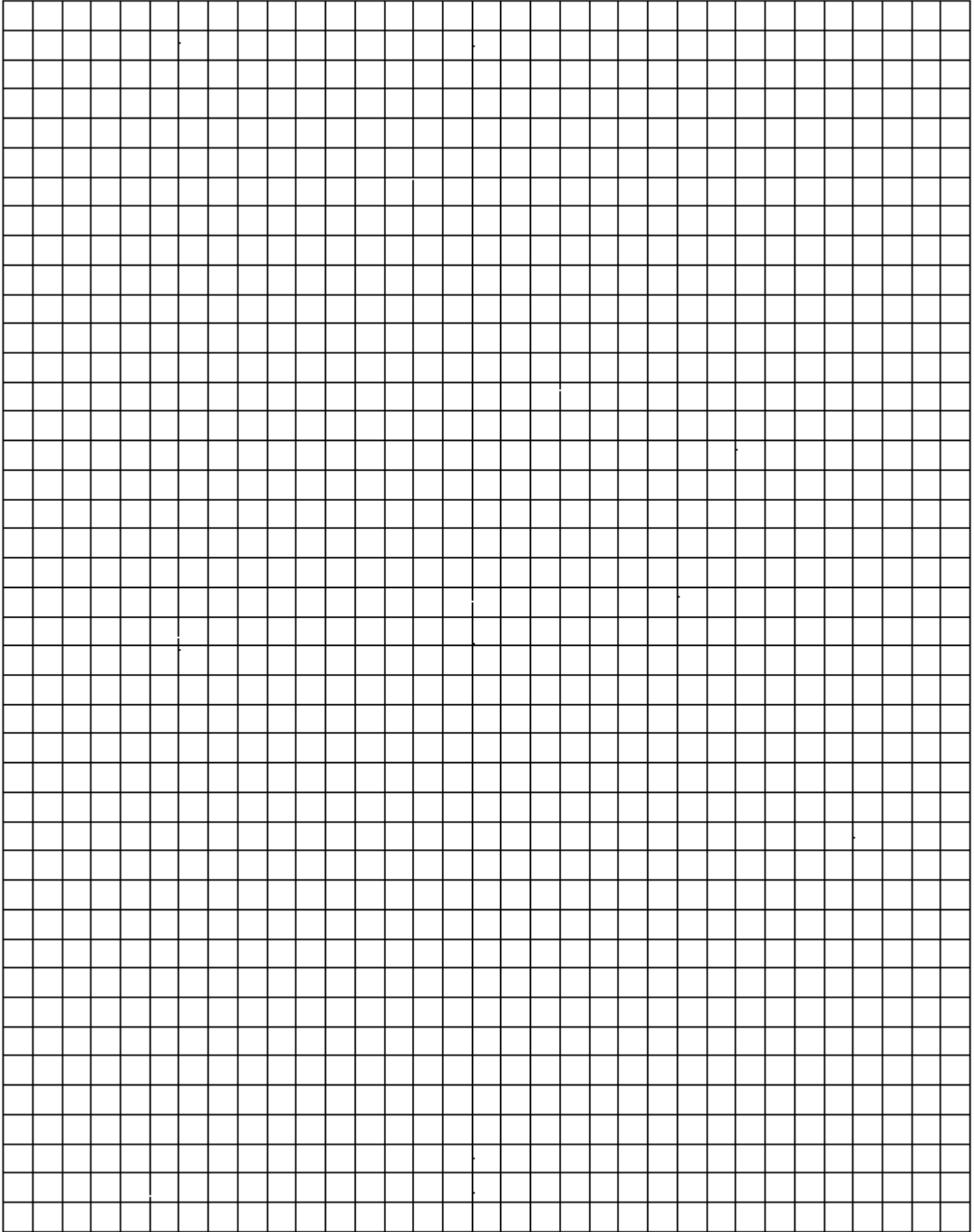
	Grill		Tilt Kettle/Crock Pot
	Oven		Garbage Disposal
	Dishwasher		3 Bay Pot Sink
	Pre-rinse Sink		2 Bay Pot Sink
	Mop Sink		Single Bay Sink
	Deep Fryer		Hand Sink
	Floor Drains		Other-specify:

5. How often is the device inspected or serviced?

6. When was the device last serviced?



11. Please sketch the layout of your kitchen, including equipment and drain locations.





## City of Ferndale - Sewage Discharge Questionnaire

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Billing Account No: \_\_\_\_\_

1. Business type (check all that apply):

- Manufacturing
- Service
- Distributing
- Retail
- Other (please describe) \_\_\_\_\_

2. Type of commercial or industrial products produced, if any: \_\_\_\_\_

3. Number of employees at this location: \_\_\_\_\_

4. Is there any connection to the sewer system other than toilets and sinks (i.e. floor drains, sumps, compressor blow-off, etc.)?

- Yes
- No

If yes, please describe and include any unused fixtures: \_\_\_\_\_

5. Do you discharge any processed wastewater into the sewer system (this includes any wastewater except from toilets and hand sinks)?

- Yes
- No

*If you answered no to this question, please proceed to question 14.*

6. Has this facility ever been issued a Wastewater Discharge Permit from the Washington State Department of Ecology?

- Yes
- No

If yes, what's the permit number? \_\_\_\_\_

7. Do you do any type of pretreatment before wastewater is discharged?

- Yes
- No

If yes, please describe: \_\_\_\_\_

8. Is this wastewater generated on a batch or continuous basis?

- Batch
- Continuous

9. Estimate the volume (in gallons per day) of flows, excluding sanitary sewerage:  
Industrial process wastewater: \_\_\_\_\_  
Non-contact cooling water: \_\_\_\_\_  
Water used for wash down or maintenance: \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are any of the flows described in question 9 discharged someplace other than the City of Ferndale's sewer system?  
 Yes             No  
If yes, where are they discharged? \_\_\_\_\_  
\_\_\_\_\_

11. Has a chemical analysis of the discharged water been done?  
 Yes             No

12. If your answer to question 11 is yes, do you have a copy of the analysis?  
 Yes             No

13. Please provide a general list of chemicals used at this facility. MSDS sheets may be requested at the time of inspection. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your business participate in the Whatcom County Local Hazardous Waste Management Program?  
 Yes             No

15. Does the City need to make special arrangements to observe your process operation, or is a drop-in visit preceded by a telephone call acceptable?  
 Yes             No

Company Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I am familiar with and am knowledgeable about the information contained in this questionnaire. The information provided is, to the best of my knowledge and belief, true, complete and accurate.

Printed or Typed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

