

MOULTON NIGUEL WATER DISTRICT

Food Service Establishment Fats, Oils, and Grease

(FOG) Wastewater Discharge Permit

Application Form

SECTION A – GENERAL INFORMATION

Facility Name: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Owner or Designated Facility contact: _____

Business Address(if different from above): _____

SECTION B – FACILITY OPERATIONAL CHARACTERISTICS

Please choose one description that best describes your facility.

Fast Food Restaurant Full Service restaurant Drive thru (only) Restaurant

Seasonal Restaurant Nursing Home Hotel/Motel

School Club/Organization Coffee Shop

Company/Office Building Religious institution Ice Cream Shop

Bakery Supermarket Hospital

Other

Please indicate each item that you currently have in your facility and the quantity of each:

Grill _____ Oven _____ Dishwasher _____ Mop sink _____

Pre-rinse sink _____ Deep fryer _____ Floor drains _____ Hand sinks _____

Tilt kettle / Crock pot _____ Garbage Disposal _____

3 Bay pot sink _____ 2 Bay pot sink _____

Single Bay sink _____ Other Equipment _____

SECTION C – TREATMENT

Do you have a grease interceptor or grease trap ?

Interceptor Trap Both None

SECTION D – PERMIT FEE [to be completed by district inspector]

Tier 1, FSE's that do not require a grease interceptor **\$0**

Tier 2, FSE's **with** the **correct** size and type grease interceptors **\$160/year**

Tier 3, FSE's **without** interceptors **\$400/year**

Authorized Representative Statement:

I certify that I have been informed about Moulton Niguel Water District's Sewer System Management Plan, Element 7 – Fats, Oils, and Grease (FOG) Control Program, Articles 1 – 7, and understand that all food service establishments must have a grease removal device before discharge of fats, oils, and greases to the Moulton Niguel Water District's sanitary sewer system.

I further certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and termination of sewer service.

Name: _____

Title: _____

Signature: _____ Date: _____

FOR MNWD OFFICE USE

Application complete: Yes No

Date of Pre-permit visit: _____

Permit to be granted: _____ Rejected: _____

Permit number issued: _____

Explanation of Rejection: _____

Date: _____

Application Reviewer: _____