

CITY OF LAWRENCE UTILITY DEPARTMENT

FATS, OILS AND GREASE (FOG) DEVICE PERMIT APPLICATION

Facility Information: Applicant (Owner) Name _____
Facility Name _____
Address _____ Zip _____
Contact Name _____ Phone _____

NOTE: ALL INSTALLATIONS SHALL CONFORM TO THE 2006 INTERNATIONAL PLUMBING CODE AND GENERAL ADMINISTRATIVE RULES INCLUDING LATEST INDIANA AMENDMENTS THERETO, AS TO DESIGN AND CONSTRUCTION (i.e. 675 IAC 12-4-9, 675 IAC 16-1.4-1 2012 Indiana Plumbing Code, as adopted by City of Lawrence Municipal Code 2-1-1-4)

Check which permit applies.

Grease Trap Grease Interceptor Oil/Water Separator Grit Trap

Nature of Installation (check one): Redevelopment/Existing Space New Construction

Type of Facility: Restaurant/Food Service Automotive Repair/Service/Dealership

Restaurant/Food Service Information:

Maximum Seating Capacity _____ Maximum hours of operation per day _____ Drive-up Service _____

Restaurant Information (check all that apply)

Type of Operations:	Preparation Methods:	Equipment Used:	Quantity
Dine-in <input type="checkbox"/>	Pan Frying <input type="checkbox"/>	3 Compartment Sink <input type="checkbox"/>	_____
Carry Out <input type="checkbox"/>	Deep Frying <input type="checkbox"/>	Dishwasher <input type="checkbox"/>	_____
Catering <input type="checkbox"/>	Grill Frying <input type="checkbox"/>	Pre-Rinse Sink <input type="checkbox"/>	_____
Cafeteria <input type="checkbox"/>	Broiling <input type="checkbox"/>	Chinese Cooker (wok sink) <input type="checkbox"/>	_____
Bakery <input type="checkbox"/>	Baking <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>	_____
Industrial _____	Automotive Grease/Oils _____	Containment _____	

Method of food Service: Washable plates _____ Disposable plates _____ Carry out only _____

Automotive Repair/Service/Dealer Information (check all that apply)

Type of Operations:

Repairs Cleaning/Detailing Oil/Filter/Lube Service Center

Number of Service Bays

Types of Fuel, Oils, Grease stored on-site: _____

Amount of Fuel, Oils, Grease stored on-site: _____

Storage/Containment Equipment Utilized: _____

I hereby certify the above information is accurate. I acknowledge that changes in cooking methods, volumes, and hours of operations in regard to the generation of fats, oils and greases will require reapplication and possible increase in the size or type of grease interceptor or oil/water separator. I acknowledge the required cleaning frequency can be modified at any time by the City of Lawrence or the Marion County Health and Hospital Corporation.

In addition, if the business location is determined to be located in a Well Head Protection (WHP) Area, the application may be forwarded to the Metropolitan Development Commission for Indianapolis/Marion County for additional review and approval by the Technically Qualified Person (TQP) responsible for reviewing and approving plans for businesses located inside a Well Head Protection Area that may be classified as a Potential Source of Contamination (PSC). Additional requirements may be issued to the applicant pursuant to this review.

Signature (owner) _____

Date _____

Printed _____

Send to: Fats, Oils, and Grease Management Program
City of Lawrence Department of Public Works
9201 Harrison Park Court
Lawrence, IN 46216
Phone: (317) 542-0511

Office Review: Is location inside either the Fall Creek or Richardt Street Aquifer/Well Head Protection Area? If unsure, please contact Scott Salsbery for confirmation. If business location is found to be inside a WHP area, the application will be forwarded to Scott Salsbery for further review and processing through the TQP program for Indianapolis-Marion County MDC.

GREASE INTERCEPTOR MAINTENANCE LOG

FACILITY INFORMATION

NAME: _____
ADDRESS: _____
PH/EMAIL: _____
CONTACT: _____

SERVICE PROVIDER

NAME: _____
ADDRESS: _____
PH/EMAIL: _____
CONTACT: _____
LICENSE/PERMIT NO.: _____

MAINTENANCE/INSPECTION LOG

DATE: _____ ACTION PERFORMED: _____
VOLUME REMOVED (US GALL/CU FT): _____
NATURE OF MATERIAL REMOVED: _____
DISPOSAL METHOD: _____
SIGNATURE OF MAINTENANCE TECHNICIAN: _____

DATE: _____ ACTION PERFORMED: _____
VOLUME REMOVED (US GALL/CU FT): _____
NATURE OF MATERIAL REMOVED: _____
DISPOSAL METHOD: _____
SIGNATURE OF MAINTENANCE TECHNICIAN: _____

DATE: _____ ACTION PERFORMED: _____
VOLUME REMOVED (US GALL/CU FT): _____
NATURE OF MATERIAL REMOVED: _____
DISPOSAL METHOD: _____
SIGNATURE OF MAINTENANCE TECHNICIAN: _____

DATE: _____ ACTION PERFORMED: _____
VOLUME REMOVED (US GALL/CU FT): _____
NATURE OF MATERIAL REMOVED: _____
DISPOSAL METHOD: _____
SIGNATURE OF MAINTENANCE TECHNICIAN: _____

(copy as needed)