

Fats, Oils, and Grease (F.O.G.)  
Control & Pretreatment Program  
Non-Residential Sewer Usage Permit Application

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
2. Date Opened \_\_\_\_\_
3. Facility Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_  
Water Meter No. \_\_\_\_\_
4. Business Mailing Address: (if different than above)  
\_\_\_\_\_
5. Owner/Property Manager of Business or Premises:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_
6. Designated Facility Contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**SECTION B – OPERATIONAL CHARACTERISTICS**

1. Please briefly describe your establishment’s food preparation activities:  
 Baking    Grilling    Frying    Vegetable Prep  
 Other (please describe) \_\_\_\_\_
  
2. Please indicate each type as well as the quantity of item currently installed at your facility:

<input type="checkbox"/> Grill _____	<input type="checkbox"/> Tilt Kettle/Crock Pot _____
<input type="checkbox"/> Oven _____	<input type="checkbox"/> Garbage Disposal _____
<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> 3 Bay Pot Sink _____
<input type="checkbox"/> Pre-rinse Sink _____	<input type="checkbox"/> 2 Bay Pot Sink _____
<input type="checkbox"/> Mop Sink _____	<input type="checkbox"/> Single Bay Sink _____
<input type="checkbox"/> Deep Fryer _____	<input type="checkbox"/> Hand Sink _____
<input type="checkbox"/> Floor Drains _____	<input type="checkbox"/> Other _____
  
3. What is the seating capacity at your facility? \_\_\_\_\_
  
4. What are the days and hours of operation? \_\_\_\_\_
  

\_\_\_\_\_

**SECTION C – WASTE DISCHARGE INFORMATION**

1. How are the following waste products disposed of?

	Sewer	Trash	Recycle
A. Solid Wastes:	_____	_____	_____
B. Oil & Grease:	_____	_____	_____
C. Liquid Wastes:	_____	_____	_____

**SECTION D – PRETREATMENT**

1. Do you currently have a grease interceptor/trap installed? **YES** \_\_\_ **NO** \_\_\_  
\*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.

If “**YES**,” please continue the questionnaire, sign, date, and return it. If “**NO**,” please sign, date, and return the questionnaire.

**SECTION D – cont’d**

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?

<input type="checkbox"/> Grill _____	<input type="checkbox"/> Tilt Kettle/Crock Pot _____
<input type="checkbox"/> Oven _____	<input type="checkbox"/> Garbage Disposal _____
<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> 3 Bay Pot Sink _____
<input type="checkbox"/> Pre-rinse Sink _____	<input type="checkbox"/> 2 Bay Pot Sink _____
<input type="checkbox"/> Mop Sink _____	<input type="checkbox"/> Single Bay Sink _____
<input type="checkbox"/> Deep Fryer _____	<input type="checkbox"/> Hand Sink _____
<input type="checkbox"/> Floor Drains _____	<input type="checkbox"/> Other _____
5. How often is the device inspected or serviced? \_\_\_\_\_
6. When was the device last serviced? \_\_\_\_\_
7. If the device is an INDOOR grease trap, how is the waste being disposed of after cleaning?  
 Trash  
 Recycle  
 Contractor handles disposal  
 Other - specify: \_\_\_\_\_
8. If a contractor services your INDOOR or OUTDOOR device, please provide the contact information for that company:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have service manifests available? **YES** \_\_\_\_ **NO** \_\_\_\_  
***Include two most recent with this permit application.***



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**SECTION E – AUTHORIZED REPRESENTATIVE STATEMENT:**

The information in this questionnaire is familiar to me, and I acknowledge that the information that I have provided herein is, to the best of my knowledge and belief, true, accurate and complete.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unless delivered to the Inspector while onsite, please mail or fax the completed form to:



Attn: Teresa Lewis  
Manager of Sewer Customer Relations & Education  
30 West Main Street, Suite 200  
Carmel, IN 46032  
Fax (317) 571-2265  
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