



Carmel Utilities F.O.G. Program

30 W Main St, Ste 220, Carmel, IN 46032

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

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

2. Facility Address: _____

Phone Number: _____

Fax: _____

Website: _____

3. Business Mailing Address: (if different than above)

4. Owner/Property Manager of Business or Premises:

Name: _____

Address: _____

Phone Number: _____

Fax: _____

Email Address: _____

5. 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:

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 _____

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 _____ |

Floor Drains _____ 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 receipts available? YES _____ NO _____

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: Samantha Butts
Pretreatment Program Coordinator
30 W Main St, Ste 220
Carmel, IN 46032
Fax number (317) 571-2629
For questions, call (317) 571-2634 x 1633