



GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

DEPARTMENT OF WATER RESOURCES • Steven Oluic, Ph.D., Director
470 Center Street • Building 3 • Chardon, Ohio 44024-1068

FOOD SERVICE ESTABLISHMENT (FSE)

ANNUAL FATS, OIL AND GREASE DISCHARGE REGISTRATION APPLICATION

(Rules and Regulations 7.2.1)

Return form to: Geauga County Department of Water Resources
 Ronald Walker, Pretreatment Coordinator
 470 Center St., Building 3
 Chardon, Ohio 44042-1068
 Phone: (440)279-1976 Email: ronw@gcdwr.org

SECTION I – GENERAL INFORMATION

1. FSE Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____

2. Mailing Address (if different):

3. FSE Owner or Authorized Applicant: _____
Title: _____ Phone: _____

4. Sewer/Water Account Holder (Self, Landlord) _____
Name: _____
Address: _____

Sewer Account Number: _____

SECTION II – FSE OPERATION

1. What is the seating capacity of the FSE? _____
2. What are the days and hours of operation? _____

3. Describe the type of food service and activities performed at this location. (ex. Restaurant, fast food, caterer, event center) _____

4. Do you have a water meter to track water usage? ___ yes ___ no

SECTION III – FOG TREATMENT

we Have A Best Management Practices Program

1. Do you have an indoor grease trap(s)? ___ yes ___ no How many? _____
 - a. Make/model: _____
Location: _____
Capacity of grease removal (gallons): _____
 - b. Make/model: _____
Location: _____
Capacity of grease removal (gallons) _____
2. Who maintains the grease trap? ___ Self. ___ Contractor
3. How do you dispose of waste after cleaning grease trap? ___ Trash ___ Contractor
___ Recycle Other explain: _____

5. Do you have an outdoor grease trap or interceptor? ___ yes ___ no
 - c. Location: _____
 - d. Material: _____
 - e. Capacity of grease removal devise (gallons): _____
6. If you have a contractor clean any grease removal devise, please provide the following :

Contractor name: _____
Address: _____
City: _____ State _____ Zip: _____
Phone number: _____ Email: _____



GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

DEPARTMENT OF WATER RESOURCES • Steven Oluic, Ph.D., Director
470 Center Street • Building 3 • Chardon, Ohio 44024-1068

GCDWR Rules and Regulations:

7.2.1 FOG DISCHARGE REQUIREMENTS

All Food Service Establishments **must** register with GCDWR as a FSE Fog Discharger annually as to the size and type of FSE. Registration process *will* include submitting of renewal application, pumping receipts, Best Management Practices documents, in-house maintenance reports and logs. Registration *will* require, but is not limited to the following information: notice of size/capacity of facility, changes in menu, ownership or management, or usage and any corrections to the application form

The complete Geauga County Department of Water Resources General Provision for Fats, Oils and Grease can be found in Chapter VII of the department's rules and regulations. ***The Rules and Regulations*** can be found on the bottom of our web site www.gcdwr.org.

AUTHORIZED REPRESENTATIVE STATEMENT:

I certify that I have read the Geauga County Department of Water Resources General Provision for Fats, Oils and Grease as found in Chapter VII of the Rules and Regulations and I understand that *all* food service establishments *must* have a FOG pretreatment device and/or Best Management Practices to prevent the discharge of fats, oils and grease in excess of the allowable discharge limit to the treatment plant.

I further certify that, to the best of my knowledge and belief, this annual registration application contains accurate information about this food service establishment and was completed under my direction and with my approval.

Printed Name: _____

Title: _____

Date: _____

Signature: _____

***MUST ATTACH ONE YEARS: INSIDE GREASE TRAP MAINTENANCE LOG, INTERCEPTOR
MANIFEST AND WASTE COOKING OIL MANIFEST***

FOR COUNTY USE

Application complete: Yes NO

Inspection needed: Yes No

Inspection completed: Date _____

Registration: Approved Denied

Explanation of denial:

Application reviewer: _____

Date: _____