



# GEAUGA COUNTY BOARD OF COMMISSIONERS

James W. Dvorak Timothy C. Lennon Ralph Spidalieri

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DEPARTMENT OF WATER RESOURCES • Steven Oluic, Ph.D., Director  
12611 Ravenwood Dr • Suite 390 • Chardon, Ohio 44024

## 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  
12611 Ravenwood Dr  
Chardon, Ohio 44042  
Phone: (440)279-1976 Email: [Rwalker@geauga.oh.gov](mailto:Rwalker@geauga.oh.gov)

#### 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? \_\_\_ Trash \_\_\_ Contractor does it  
\_\_\_ Recycle Other explain: \_\_\_\_\_
4. Do you have an outdoor  grease trap or  interceptor? \_\_\_ yes \_\_\_ no
  - c. Location: \_\_\_\_\_
  - d. Material: \_\_\_\_\_
  - e. Capacity of grease removal devise (gallons): \_\_\_\_\_
5. How is your fry oil disposed of? \_\_\_\_\_
6. If you have a contractor clean any grease removal devise, please provide the following:  
  
Contractor name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_



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**Must Attach Previous Years' Worth of:**

**Indoor Grease Trap Maintenance Logs, Outdoor Interceptor and Waste Oil Manifests or Pumping receipts**

**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](http://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: \_\_\_\_\_

**FOR COUNTY USE**

Application complete:  Yes     NO

Inspection needed:     Yes     No

Inspection completed:        Date\_\_\_\_\_ Registration:

Approved     Denied

Explanation of denial:

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Application reviewer: \_\_\_\_\_

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