

F.O.G. Wastewater Discharge Permit Application



Application Date

- New
- Modification
- Ownership Change

Business Address

Business Name

Phone Number

Business Owner Name

Phone Number

Billing Address

Business Manager Name

Emergency Contact Name

Emergency Contact Phone Number

City Business License Tax Number

Description of Business *(including hours of operation)*

Send completed applications, and \$60.00 processing fee, to:

City of Brea
1 Civic Center Circle
Brea, California 92821
Attn: Brian Ingallinera

OFFICIAL CITY USE ONLY

Accounting: 430-00-0000-3226

Environmental Approval

Comments/Restrictions/Conditions

Permit Fee

Date

Permit Fee

Date



F.O.G. Program Implementation Fee Schedule

Permit Application (<i>Initial Enrollment</i>)	\$60.00
Annual Inspection	\$171.00 per inspection
Sewer Maintenance	\$350.00
Sewage Spill Clean Up*	\$310.00/hr
Disconnect Service**	\$415.00/hr plus cost of materials
Mitigation Fund	\$1,000.00
Administrative Citations	\$100; \$200; \$500 <i>increases after each violation not being addressed</i>

* **Additional cost for disposal of hazardous materials or solid waste.
Actual disposal cost + 30% overhead.**

** **Estimated minimum number of hours to disconnect service is 18 hrs.**

Kitchen Equipment Inventory



Business Name: _____

Business Address: _____

List only equipment that is likely to come in contact with grease or oil (do not include drink dispensers, coffee makers, ice machines, refrigerators, freezers, warming ovens or trays and other similar items).

Manufacturer _____ Model _____ Equipment Description _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Remove <input type="checkbox"/> Date _____
Manufacturer _____ Model _____ Equipment Description _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Remove <input type="checkbox"/> Date _____
Manufacturer _____ Model _____ Equipment Description _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Remove <input type="checkbox"/> Date _____
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Manufacturer _____ Model _____ Equipment Description _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Remove <input type="checkbox"/> Date _____

Best Management Practices (BMP'S)



CATEGORY	ACTION	REASON
<p align="center">Training</p>	<p>Provide training for staff regarding the requirements of the City's F.O.G. Program.</p>	<p>All staff needs to be trained to handle those portions of the FOG program that relate to their duties. Managers and supervisors need to be familiar with all aspects of the program including the maintenance of records.</p>
	<p>Maintain a record of each employee's training.</p>	<p>Should a problem arise regarding compliance with the FOG regulations the lack of a complete training record will be viewed as evidence of a willful intent not to comply.</p>
<p align="center">Outdoor Wash Rack</p>	<p>Provide containment, cover and drain with a drain screen connected to the sewer system.</p>	<p>Any outdoor area used for washing equipment, empty food containers or cooking utensils must have a drain that is connected to the sewer system. To prevent rainwater from falling into this area the wash rack must have a solid roof type cover.</p>
<p align="center">FOG Sewer Line Interceptor</p>	<p>Install grease interceptor/grease trap in the sewer line.</p>	<p>This equipment is designed to trap any FOG that gets into the sewer and remove it so it doesn't contribute to a main sewer line blockage.</p>
	<p>Establish cleaning schedule to maintain proper operation of the unit.</p>	<p>Establishing a schedule ensures the unit won't accumulate an amount of FOG that causes FOG to bypass the collecting unit and enter the main sewer line.</p>
	<p>Maintain a unit cleaning log.</p>	<p>A well maintained log will demonstrate the FSE did not contribute to a main sewer line SSO caused by a grease obstruction.</p>

F.O.G. Disposal Log



FOG SOURCE	FOG TYPE	DISPOSAL METHOD	WASTE HAULER	DESTINATION
<input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Collection Container <input type="checkbox"/> Other _____	<input type="checkbox"/> Fat _____ lbs/gal <input type="checkbox"/> Oil _____ lbs/gal <input type="checkbox"/> Grease _____ lbs/gal	<input type="checkbox"/> Trash <input type="checkbox"/> Waste Hauler <input type="checkbox"/> Other _____	Name _____ Address _____ _____	Name _____ Address _____ _____
Date of Disposal _____ Signature FSE Manager _____			I have received the FOG material as indicated above and will deliver it to the destination indicated. Signature Waste Hauler Representative _____	
<input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Collection Container <input type="checkbox"/> Other _____	<input type="checkbox"/> Fat _____ lbs/gal <input type="checkbox"/> Oil _____ lbs/gal <input type="checkbox"/> Grease _____ lbs/gal	<input type="checkbox"/> Trash <input type="checkbox"/> Waste Hauler <input type="checkbox"/> Other _____	Name _____ Address _____ _____	Name _____ Address _____ _____
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Date of Disposal _____ Signature FSE Manager _____			I have received the FOG material as indicated above and will deliver it to the destination indicated. Signature Waste Hauler Representative _____	

Fats, Oils & Grease (FOG) Inspection Form



Date: _____ Inspector: _____

Business Name: _____ Time: _____

Inspection Items	STATUS			Notes
	Yes	No*	N/A	
Grease Disposal Logs				
Employee Training Records				
Outdoor Wash Rack Covered				
Garbage Disposals Removed				
Spill Kit (<i>Dry Materials to Clean Up</i>)				
Certificate of Compliance posted in Kitchen/Employee Room				
Drain Stainers Being Used				

Additional Notes: _____

SELECT ONE ACTION BELOW:

No Action Needed

Not in Compliance

*Send Proof of compliance to briani@cityofbrea.net by _____ to avoid administrative citations.

Business Representative Name (Print)

Signature