

**NEWTOWN, BUCKS COUNTY, JOINT MUNICIPAL AUTHORITY  
FATS, OIL AND GREASE CONTROL  
GREASE INTERCEPTORS  
DISCHARGE LICENSE APPLICATION**

**SECTION A - GENERAL INFORMATION**

1) Restaurant/Facility Name: \_\_\_\_\_  
Corporate Owner, if different: \_\_\_\_\_

2) Facility Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Business Mailing Address:  
Street or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Designated signatory authority of the facility:  
(attach similar information for each authorized representative)  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

5) Designated facility contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SECTION B - WASTEWATER DISCHARGE INFORMATION**

1) Are any changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider expansion and any other significant wastewater volume increases.

Yes

No (If No, skip to next section)

2) Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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**SECTION C- TREATMENT**

1) Do you currently use a service that disposes of your grease?

Yes Name of Company \_\_\_\_\_

Phone number of company \_\_\_\_\_

No

1) Does your facility have a grease interceptor or fixture traps?

Yes

No (If No, skip to next section)

2) List the location, size, and specifications for all grease interceptors at your facility.

Location	Size	Additional Specifications	Type (Circle One)
			Grease interceptor/Fixture Trap
			Grease interceptor/Fixture Trap
			Grease interceptor/Fixture Trap

3) Are these grease interceptors serviced regularly (i.e. pumped out, at least, on a quarterly basis)?

Yes

No

(If No, skip the next section)

How often are they serviced?

Location	Service Frequency

4) Are there additives placed into the grease interceptor (i.e. enzymes, bacteria, etc.)?

Yes

No

(If No, skip the next section)

How often are they added to the interceptor?

Location	Additive Frequency

List all additives used

Location	Additive Name

**SECTION E - FACILITY OPERATIONAL CHARACTERISTICS**

1) Shift information:

Work Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Shifts worked per day:							
Employees per Shift-1 <sup>st</sup>							
2 <sup>nd</sup>							
3 <sup>rd</sup>							

2) List all major equipment used for food preparation at your restaurant (i.e. grills, fryers, dishwashers, sinks, etc.):

Type	Size/Specifications

**If you have supplied the Authority with this information, you may disregard # 3.**

3) Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connection, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. If no professional drawing exists a blueprint of the facility showing the above items may also be attached.

**SECTION F - CONFIDENTIAL BUSINESS INFORMATION**

All information contained in this Application and corresponding Fats, Oil and Grease Discharge Permit are considered Public Information and is available to any member of the public upon request. All effluent data collected or submitted shall be made available to the public without restriction.

Confidential information is information that is considered proprietary, trade secrets, or have an adverse impact on a business advantage should it be divulged. Any information that is considered confidential will be handled as such and kept in our records department under separate cover and is not available to the public.

In order to claim information as confidential, the following criteria must be met and approved by the Newtown, Bucks County, Joint Municipal Authority.

- A separate sheet with the requested information shall be submitted for each question that you are asserting as confidential.
- The submittal shall be clearly marked as confidential
- Submit with the application a separate statement for each question that you are requesting confidentiality indicating the reasons that you are asserting the information as confidential.

You will be notified if the Newtown, Bucks County, Joint Municipal Authority does not feel the information requested meets the criteria for confidentiality.

**SECTION G - AUTHORIZED SIGNATURES**

**Authorized Representative Statement:**

I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering information, the informatin submitted is, to the best of my knowledge and belief, true, accurate, and complete. i am aware that there are significant penalties for submitting false information, including the possibibility of fine or imprisonment for knowing violations.

_____	_____
Name	Title
_____	_____
Signature	Date
	_____
	Phone