



Water Resources Department,
Pretreatment Section

FATS, OILS, AND GREASE (FOG) DISCLOSURE FORM

Portage County Water Resources (PCWR) is dedicated to reducing and/or eliminating costly sanitary sewer overflows as well as potential dangers of flammable liquids in our sewer systems. Your business has been identified as a Food Service Establishment (FSE) or other entity that has the potential to produce FOG that may affect these systems. We are requesting that you fill out this form to help us determine this potential.

INSTRUCTIONS

All sections pertinent to your business at the reported location must be completed by an official or representative of your facility for PCWR to properly process this document. Questions pertaining to this form and the FOG program can be directed to the Industrial Pretreatment Coordinator at (330) 297-3670. PCWR requests that you complete and return this form to us within 15 days of receipt.

SECTION A - General Information

Name of Business: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Website of Business: _____

Email Address of Business: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number: _____

Is the Business the owner of the building? ☐ Yes ☐ No

If no, please complete the following:

Landlord/Property Owner Name: _____

Address of Property Owner: _____

City: _____ State: _____ Zip Code: _____

Property Owner Telephone Number: _____

Name of Owner of Business: _____

When did this Business begin operations under the current owner? _____

Email Address: _____

Owner of Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number of Owner: _____



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Authorized Representative or Facility Contact:

Name: _____ Title: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

SECTION B – Facility Information

Please provide site and plumbing plans for all buildings, structures, facilities or installations that discharge or may discharge into the PCWR sewer system. Plumbing plans should include floor diagrams, sewer connections, grease traps, sink drains, floor drains, dishwashers, restrooms, etc. Label FOG control devices appropriately. If you do not have access to professional plumbing plans, you may provide a hand drawn sketch.

Are there any changes or expansions planned in the next three years?

☐ Yes ☐ No

If yes, please elaborate:

SECTION C – Type of Business

☐ **Food Service** (Check all that apply below)

☐ Bakery

☐ Cafeteria

☐ Catering (includes mobile)

☐ Church

☐ Club/Organization

☐ Coffee Shop

☐ Correctional Facility

☐ Drive Thru (only)

☐ Fast Food

☐ Food Packager

☐ Food Manufacturer

☐ Full Service Restaurant

☐ Hospital

☐ Hotel/Motel

☐ Ice Cream Shop

☐ Meat Processor

☐ Nursing Home

☐ School

☐ Seasonal

☐ Supermarket

☐ Take Out

☐ Other, specify _____

-Please attach menus for this facility-



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SECTION D – Operation

Operating Hours & Number of Meals Served:

Please indicate in the table below, the hours of operation (including preparation and clean up time) as well as the typical number of meals served on each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours (i.e. 10am-11pm)							
# of Meals							

Facility seating capacity: _____

Number of employees on busiest day: _____

Equipment and Serving Information

Please check all that apply and indicate the quantity and dimensions of each item as applicable:

- ☐ Commercial Dishwasher _____
- ☐ Garbage Disposal or Food Grinder _____
- ☐ 3-Basin Sink _____ (Quantity & dimensions)
- ☐ 2-Basin Sink _____ (Quantity & dimensions)
- ☐ 1-Basin Sink _____ (Quantity & dimensions)
- ☐ Hand Sink _____ (Quantity & dimensions)
- ☐ Mop Sink _____ (Quantity & dimensions)
- ☐ Grill _____
- ☐ Stove/Oven _____
- ☐ Deep Fryer _____ Used daily? ☐ Yes ☐ No
- ☐ Floor Drains _____
- ☐ Drive-Thru _____
- ☐ Full Service Kitchen: ☐ dishes washed on site ☐ dishes disposable or not washed on site
- ☐ Prepares prepackaged food: ☐ dishes are washed on site ☐ disposable dishes only
- ☐ Limited use kitchen-carry-in for prep and clean-up
- ☐ Other _____

SECTION E – Treatment or FOG Control

☐ Grease Trap ☐ Grease Interceptor ☐ Both ☐ None

Brand Name: _____ Model: _____

Flow Rate (GPM): _____ Capacity (gallons): _____

Location: _____

Devices/Fixtures Connected to FOG Control Device: _____

Cleaning Frequency: _____

(If there are additional FOG control devices, please attach a separate piece of paper.)



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If the Indoor Grease Trap is being maintained in-house, how do you dispose of the waste after cleaning the trap? (Check all that apply.)

- ☐ Trash ☐ Contractor disposes of grease ☐ Recycle
☐ Other, please explain: _____

Grease Trap/Interceptor Hauler Information:

If a contractor cleans the grease trap/interceptor, please provide the following:

Contractor Company Name: _____

Contact Name (if applicable): _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Hauler: _____

Please note: None of the following agents shall be placed directly into an interceptor, grease trap, or any drain that leads to such: emulsifiers, de-emulsifiers, surface active agents, enzymes, degreasers, or any type of product that will liquefy grease wastes, or any substance that may cause excessive foaming in the sanitary sewer.

If your facility has grills/ovens, what type of exhaust cleaning system do you use?

- ☐ Automatic ☐ Manual ☐ Not Sure ☐ Not Applicable

Does your facility recycle fryer oil?

- ☐ Yes ☐ No ☐ Not Applicable

If yes, Recycling Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

If no, what do you do with your spent oil?

Is there a recycling container on-site? ☐ Yes ☐ No

If yes, where is it located? _____

SECTION F – Certification

I certify that the information submitted is true, accurate, and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Please Return This Form & Any Attachments to: Portage County Water Resources, Pretreatment Section, 8116 Infirmary Road, Ravenna, OH 44266, Or by email: cbrunette@portageco.com