

JEFFERSON COUNTY ENVIRONMENTAL SERVICES DEPARTMENT GREASE CONTROL PROGRAM FOOD SERVICE FACILITY APPLICATION FOR EXEMPTION FROM PERMIT REQUIREMENT

Facility Information	
Facility Name:	
	_Tax ID #
Address:	
Phone Number:	
Position/Title:	
Corporate Name:	
Phone Number:	

Food Service Activity

Provide a brief narrative of food service activity; list type of food served.

Provide NAICS code for this facility [see NAICS code book]

Product or Service	NAICS Code	% of Activity

Describe operations which generate wastewater:

For ESD Use Only			
Date Received:	_Check No	New Constructior	n:On Septic:
Change of Ownership/	Business:	Reviewed by:	Permit No

(205) 238-3876



Is wastewater discharge <u>continuous</u> [water	r left running] or <u>bato</u>	<u>ch</u> [faucet turned on only
when needed]?		
Months of operation	Peak months	
Days of operation	Open on holidays?	
Total number of employees	_	
Number of employees - Shift 1	Time	to
Number of employees - Shift 2	Time	to
Number of employees - Shift 3	Time	to

Total seating capacity [from Sewer Impact Department]

List all major equipment used for food preparation; i.e. grills, fryers, dishwashers, etc.; list sizes and capacities when appropriate.

Equipment	Equipment

List all sinks, the number of compartments per sink, and their intended use; i.e. hand, pre-rinse, wash, sanitize, 2 compartments, etc.

Location	Number of Compartments	Intended Use	Size (gallons)
Example: Kitchen	4 compartment	Rinse, wash, sanitize	30 gallons

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Water Account Numbers:

Name	on	Water	Acco	int:
Name	OII	vvalu	ACCOL	<i>.</i>

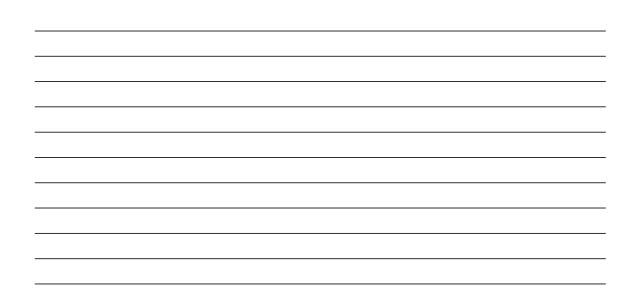
Service Address:

If your facility uses water from another source [well, etc.], describe:

ATTACH A COPY OF YOUR MOST RECENT WATER BILL FOR THIS FACILITY.

Justification for Exemption

Use this space to provide further details to support request for exemption from Grease Control Program Permit requirements.







Provide an up to date copy of indoor and outdoor plumbing plans. These plans should include the location of all water meters, sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms, etc. Blue prints are acceptable. A "to scale" hand drawn sketch may be acceptable in some cases.

AUTHORIZED REPRESENTATIVE STATEMENT

I, being duly authorized to sign this document, and in consideration for the granting of an Exemption from the Food Service Facility Grease Control Permit program, do hereby agree to allow duly authorized employees of the Jefferson County Environmental Services Department the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photography, or testing.

Additionally, I agree to abide by all applicable provisions of the Jefferson County Grease Control Program.

I understand that any changes in food service activities which generate FOG will require notification of JCESD and may require a Grease Control Program Permit.

I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gathered the information, the information 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.

If an exemption has been falsely obtained, additional fees of \$500 per group of 5 grease interceptors or traps will be assessed.

SIGNATURE:	
PRINTED NAME:	
TITLE:	
DATE:	

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