



Westworth Village

Food Establishment Grease Trap/ Interceptor Discharge Permit Application

Contracted through City of Fort Worth - Water Department: 817-392-8305
920 Fournier St., Fort Worth, TX 76102

*Note: Please read all attached instructions prior to completing this application. The grease trap/ interceptor discharge permit fee of \$136.00 (check or money order only) must be submitted and payable to the **City of Westworth Village**.*

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
 - a. Operator Name: _____
 - b. Is the Operator identified in 1.a., the owner of the property and or building?
☐ Yes ☐ No If no, provide the name and address of the owner of the property and/ or building and submit a copy of the contract and/ or other documents indicating the owner's scope of responsibility of the facility.

 - c. Type of Food Establishment:
☐ Restaurant ☐ Convenience Store ☐ Bakery ☐ Deli ☐ Other (Specify): _____
 - d. Type of Ownership:
☐ Sole Proprietor ☐ Partnership ☐ General ☐ Limited Corporation DBA: _____
 - e. Legal Property Description: Lot: _____ Block: _____ Addition: _____
 - f. Building Permit Number (*issued by the Building and Inspection Department*): _____
 - g. Certificate of Occupancy (CO) Permit Number (*issued by Building Dept.*): _____
 - h. Authorized Occupancy Load (*maximum number of persons allowed at one time*): _____
2. Facility Address:
Address: _____

Telephone: _____ Fax: _____
3. Business Mailing Address:
Address: _____

Taxpayer ID (11 Digits): _____

4. Designated Authorized Signatory or Facility (**attach information for each designated signatory**):

Name: _____

Title: _____

Address: _____

Telephone: _____ Email: _____

Designated Signatory's Driver's License #: _____ State: _____

(Must attach a copy of driver's license to back of permit application)

5. Designated Authorized Signatory or Facility (**attach information for each designated signatory**):

Name: _____

Title: _____

Address: _____

Telephone: _____ Email: _____

Designated Facility Contact's Driver's License #: _____ State: _____

(Must attach a copy of driver's license to back of permit application)

SECTION B - AUTHORIZED SIGNATURES

*Designated Authorized Signatory Statement:

I certify under penalty of law that this document and all 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 persons directly responsible for gathering 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, including the possibility of fine and imprisonment for knowing violations.

Name (Print)

Title

Signature

Date

**The Designated Authorized Signatory is the principal officer or manager who has the authority to make changes to operation of the establishment and who has taken the legal responsibility of all actions within in the establishment*

SECTION C - FOOD ESTABLISHMENT (BUSINESS ACTIVITY)

1. Water Sources (*check as many as applicable*):
☐ Private Well ☐ Surface Water ☐ Municipal Water Utility (Specify City): _____
☐ Other (Specify): _____
2. Account Type: ☐ Individual ☐ Multi-Tenant
3. Water Service Account Number(s): _____
4. Name on Water Account: _____
5. If your facility has any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), provide applicable information for business activity. (Check all that apply).

Fixture	Total Number	Fixture	Total Number
<i>Example: Three Compartment Sink</i>	<i>1</i>	<i>Example: Tilt Skillet</i>	<i>1</i>
One-compartment Hand Sink		Deep Fat Fryer— total number	
Two-compartment Sink		Deep Fat Fryer —total gallons	
Three-compartment Sink		Convection or Steam Oven	
Pre-rinse Station/Scraper		Chicken Rotisserie	
Food Grinder		Mop Sink	
Garbage Disposal Unit		Floor Sink	
Pre-rinse Quick Drain		Bar, Pub, Tavern	
Vent Hood		Floor Drain	
Commercial Dishwasher		Other	
Stove Top / Wok / Range		Other	
Soup/ Steam Kettles		Other	
Tilt Skillet / Grill		Other	

6. Daily Average Flow (gallons/day) _____ (*see instructions for calculations*)
7. Provide information below regarding the nature of the operation:

Day of Week	Number of Meals Served	Hours of Operation	Hours of Discharge	Number of Employees Total	Seating Capacity Total
<i>Ex: Sunday</i>	<i>1200 meals</i>	<i>11 am to 1am</i>	<i>14 hours</i>	<i>20</i>	<i>100</i>
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

SECTION D - FLOW SCHEMATIC

Schematic Flow Diagram - For each fixture activity in which wastewater is or will be generated, draw a diagram of the **wastewater flow** from the start of the activity to its completion. **Number each fixture** having wastewater discharges to the wastewater collection system. (See example in instructions).

SECTION E - OIL & GREASE / OTHER TREATMENT EQUIPMENT

All food service establishments, existing or new, are required to install an oil & grease device or approved alternative treatment equipment to minimize oil, grease, and solids in the City's wastewater collection system, in an effort to decrease sanitary sewer overflows.

1. Is an oil and grease interceptor installed at permittee's facility?
 - ☐ Yes (Please describe in the table below.)
 - ☐ To Be Installed – Estimated Installation Date: _____
(This information, including size, location, and pumping frequency must be submitted to Pretreatment Services Division at time of permitting.)
 - ☐ No (Please proceed to item 2.)

Oil & Grease Interceptors	Size (Gallons)	Pumping Frequency	Location
Example	1000 gallons	Once every 90 days	Behind the Food Establishment on the West Side
Interceptor 1			
Interceptor 2			

2. Does the facility use an alternative method of treatment for removing grease?
 - ☐ Yes. Please provide a detailed description of the system: _____

 - ☐ No. (Please proceed to item 4.)
3. Does facility use biological treatment for removing grease?
 - ☐ Yes. Please provide a detailed description of the system:
 - a. Type of Treatment: ☐ Bacteria ☐ Solvents ☐ Enzymes ☐ Emulsifiers ☐ Surfactants
☐ Other (Specify): _____
 - b. Please provide information regarding the firm providing alternative treatment service:
Company Name: _____
Address: _____
Telephone: _____ Fax: _____
 - c. Please check the devices with biological treatment application:
☐ Grease Trap ☐ Sinks ☐ Floor Drains ☐ Other (Specify): _____
 - d. Frequency of Treatment Application: _____
 - e. Dosage Amount of Treatment Application: _____
 - ☐ No. (Please proceed to item 4.)

4. Is a sample point to collect wastewater discharge present at permittee's facility?

☐ Yes. Please describe the location: _____

☐ To Be Installed – Estimated Installation Date: _____
(Installed sample point location description must be submitted to Pretreatment Services Division at time of permitting.)

SECTION F- WASTE DISPOSAL

Please list all waste generated that is disposed of at an off-site location.

Type of Waste Generated	Quantity (per year)	Disposal Method	Disposal Location
<i>Ex: Fryolator grease/ grease trap</i>	<i>1000 pounds/ 100 gallons</i>	<i>Reclaim/ Treated</i>	<i>ABC Rendering/ XYZ Processing</i>

If an outside firm removes any of the above wastes, state the name(s) and addresses(es) of all waste haulers. (Attach additional pages if needed.)

1. Grease Trap Waste:

Transporter Name: _____ Permit #: _____

Address: _____

Telephone: _____ Fax: _____

2. Rendering Grease Waste:

Transporter Name: _____

Address: _____

Telephone: _____ Fax: _____

Please send application to:
City of Westworth Village - Building and Inspections Department
311 Burton Hill Road, Westworth Village, TX 76114
Phone: 817.710.2506 | Fax: 817.710.2501