



**Orange County Utilities
Water Reclamation Division**

407-254-7701

E-mail: Environmental.Compliance@ocfl.net

Website Address: www.ocfl.net/utilities/

**Oil & Grease Prevention Program
Facility Information Survey
Grease Trap/Grease Interceptor Device**

Please type or print. Complete this survey* in its entirety. Indicate "not applicable" where appropriate. Failure to provide necessary information may extend the registration process, delay the issuance of the Registration Certificate and subject the user to enforcement actions, which may include penalties and fines, as set forth in Orange County Code, Chapter 37, Article XX, Sections 37-749 thru 37-751.

1. General Facility Information

Name of Facility: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

2. Ownership

Name of Owner: _____

Mailing Address: _____

Water/Sewer Utility Account Number: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

OC Building Permit Number (if applicable): _____

* Pursuant to Orange County Code, Chapter 37, Article XX, Section 37-754(g)(2).

3. Facility Type

Restaurant: [] Fast Food Establishment: []

Beverage Prep/Shop: [] Food Prep/Manufacturing: []

Hotel/Motel/Timeshare: [] Food Processor: []

Other (specify type): _____

4. Hours of Operation

Business Hours: Weekdays: _____ Weekends: _____

Staff or Prep Hours: Weekdays: _____ Weekends: _____

5. Type(s) of Food/Beverages (If available, please attach a copy of your menu)

6. Type of Structure

Existing Facility: [] Freestanding Facility: []

New Facility (Construction): [] Attached Facility: []

Remodeled Facility: [] Kiosk: []

7. Water Meters

Utility Water Meter? _____ Yes _____ No Meter Number: _____

Submeter? _____ Yes _____ No Meter Number: _____

8. Seating Capacity (If available)

_____ Persons

Is the seating capacity defined by the Fire Department? _____ Yes _____ No

9. Expansion Plans

Is future expansion planned? _____ Yes _____ No

If yes, please describe. Attach additional sheets, if necessary. _____

10. Number of Meals/Beverages (If applicable)

Approximate number of meals/beverages served per day: _____

Busiest days of the week: _____

Average number of meals/beverages served on busy days: _____

11. Kitchen Equipment (Please attach inventory, if available)

Cookers:

	<u>Yes</u>	<u>No</u>	<u>Number</u>
Fryer	_____	_____	_____
Charbroiler	_____	_____	_____
Grill	_____	_____	_____
Stove	_____	_____	_____
Oven	_____	_____	_____
Oven Broiler	_____	_____	_____
Wok Stove	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____

Sinks/Drains:

Strainers/Screens?

	<u>Yes</u>	<u>No</u>	<u>Number</u>
2-Compartment	_____	_____	_____
3-Compartment	_____	_____	_____
4-Compartment	_____	_____	_____
Hand	_____	_____	_____
Vegetable	_____	_____	_____
Mop	_____	_____	_____
Bar	_____	_____	_____
Floor Drains	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____

Other Equipment:

	<u>Yes</u>	<u>No</u>	<u>Number</u>
Garbage Disposal	_____	_____	_____
Walk-in Cooler	_____	_____	_____
Dishwasher	_____	_____	_____
Hoods (over stoves, grills and fryers)	_____	_____	_____
How are hoods cleaned and grease disposed of?	_____		
If applicable, please include name of disposal company:	_____		
Other:			
_____	_____	_____	_____
_____	_____	_____	_____

12. Food/Beverage Preparation (Please check all that apply)

Precooked Foods:	[]	Grilled or Baked Meats:	[]
Off-site Prepared Foods:	[]	Fried Foods:	[]
Frozen Foods:	[]	Baked Goods:	[]
Fresh Produce:	[]	Wok Foods:	[]
Canned Foods:	[]	Catered Foods:	[]
Beverages Prepped/Served:	[]		

13. Cleanup Procedures

	<u>Yes</u>	<u>No</u>
Hand Wash Dishes	_____	_____
Hand Wash Pots & Pans	_____	_____
Use Disposable Dishes	_____	_____
Use Disposable Utensils	_____	_____
Use Mechanical Dishwasher	_____	_____
Use Mechanical Pots and Pans Washer	_____	_____

14. Wastewater Characteristics and Flows
(Only applies to new facilities, new installations or variance requests)

What is your facility's anticipated average daily flow or water consumption (in gallons per day)?
(Flow records for a similar facility or menu may be used) _____

15. Recycling

If you do not recycle spent/used grease or oils, do you plan to initiate a recycling program in the future?

_____ Yes _____ No

If you plan on initiating a recycling program, when will the program begin?

16. Grease Management Devices

	<u>Yes</u>	<u>No</u>	<u>Number</u>	<u>Capacity (in gallons)</u>	<u>Hauler Name/ Manufacturer (if applicable)</u>
Grease Dumpster/Drum	_____	_____	_____	_____	_____
Recycle Holding Tank	_____	_____	_____	_____	_____
Exterior Grease Interceptor (in ground style)	_____	_____	_____	_____	_____
Interior Grease Trap (under sink, under counter or sub-floor style)	_____	_____	_____	_____	_____

17. Common Grease Interceptor

If you are located in a retail center or plaza, it is possible that more than one facility in the retail center or plaza may be connected to a common grease interceptor. Do you share a grease interceptor with other facilities? _____ Yes _____ No

If you share a common interceptor, who owns the facility or is responsible for the maintenance?

18. Grease Trap/Interceptor Pump-out Frequency (Check one)

I am currently on a **weekly** [] **30-day** [] **60-day** [] **90-day** [] grease trap/interceptor device pump-out schedule.

If none of the choices above apply, please specify frequency: _____

19. Construction Documents

(Applies to all facilities that have four [4] or more grease interceptor devices)

If you have four (4) or more grease interceptor devices, please submit with this survey a copy of the "AS-BUILT" construction plumbing drawings, including the specifications, the facility layout (site plan) and the complete plumbing diagrams (schematics) showing the plumbing fixture(s) connected to the waste piping system with the flow direction indicated. Please also attach operation and maintenance procedures for the grease interceptor and the installation instructions for all grease handling equipment.

20. Certification Statement

I, as an authorized facility representative, certify that the information provided for the "Oil & Grease Prevention Program Facility Information Survey," to the best of my knowledge, is accurate and complete. I understand that this survey will be reviewed by Orange County Utilities Department staff, and that if this facility falls within the guidelines of the Oil and Grease Prevention Program, the facility will be required to participate in the program. I further understand that at that time an initial one-time, start-up fee and a monthly fee will be applied to my Orange County Utilities account statement. As a required participant of the Oil and Grease Prevention Program, I agree to abide by all program rules established in the Orange County Code, Chapter 37, Article XX. I further understand that falsification of this information is a violation of the Orange County Code and, as such, is subject to enforcement actions and penalties as set forth in the Orange County Code.

Authorized Facility Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

For Orange County Utilities Use Only
Environmental Compliance Inspector Name: _____
Date Completed: _____

Please mail completed survey to the following address:

**Environmental Compliance Section
Orange County Utilities Water Reclamation Division
4760 W. Sand Lake Rd.
Orlando, Florida 32819**

Para más información, por favor llame al Departamento de Servicios Públicos del Condado de Orange y pida hablar con un representante en español. El número de teléfono es 407-254-7701.