



# EL TORO WATER DISTRICT WASTEWATER FOG APPLICATION

1. Any commercial kitchen discharger of Fats, Oils and Grease (F.O.G.) is required to apply for a Wastewater FOG Application.
2. Please type or print all requested information.

## SECTION A – FACILITY BUSINESS INFORMATION

A1. Company Name: \_\_\_\_\_

Web Site (if Applicable): \_\_\_\_\_

A2. Type of Business: \_\_\_\_\_

A3. Parent Company Name (if Applicable): \_\_\_\_\_

A4. Facility Address:  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A5. Mailing Address:  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION B – FACILITY CONTACT PERSONNEL INFORMATION

B1. Company Authorized Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B2. Other Company Contact Personnel:**

1. **Administrative Contact** (This is the Property Mgr. to contact concerning the information contained in this application)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Facility Contact** (This is the person to contact concerning an inspection at the facility site)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION C – FACILITY INFORMATION**

C1. Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

C2. Total Building or Unit/Space Square Footage: \_\_\_\_\_

C3. Is there F.O.G. that is removed from the Facility for offsite treatment or disposal?

No  Yes

If yes, indicate with an [X] F.O.G. that is removed from the facility:

	Volume Generated (Size/Gallons) Type of Device, & or Container	Removed from Facility
<input type="checkbox"/> F.O.G. Oil	_____	<input type="checkbox"/>
<input type="checkbox"/> F.O.G. Grease	_____	<input type="checkbox"/>

C4. List the name and address of company that removes any of the F.O.G. listed above from your facility.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For assistance concerning this application contact Rory Harnisch with the Engineering Dept. at (949) 837-7050, Ext. 251.

Return the completed application to: 24251 Los Alisos Blvd., Lake Forest, CA 92630 or email to [rharnisch@etwd.com](mailto:rharnisch@etwd.com)