



TOWNSHIP OF WEST WINDSOR  
271 Clarksville Road, PO Box 30  
West Windsor, NJ 08550  
Phone 609-936-8400, Fax 609-799-2136

## OPERATIONAL GREASE CONTROL PLAN APPLICATION FOR EXISTING MULTI-USE PROPERTIES

Directions: Complete this form and submit for review to the West Windsor Township Engineering Department along with a copy of the sewer system as-built and supporting documentation prior to September 9, 2009.

### **Section I. General Information**

Date: \_\_\_\_\_ Name of Development: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Responsible for Grease Control Plan Implementation: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Total SF of Multi-Use Property: \_\_\_\_\_ Total No. of Businesses: \_\_\_\_\_

### **Application Category: (Check all that apply)**

Existing Facility

Renovation

Change of Ownership

Violation Abatement

**Section II. Individual Establishment Descriptions:** Provide the following information for each Retail Food Establishment located on the property. Attach additional pages as necessary.

1. Name of business: \_\_\_\_\_

Square Footage of business: \_\_\_\_\_ No. of Grease Control Devices: \_\_\_\_\_

Internal (hydromechanical) Grease Interceptor       External (Gravity) Grease Interceptor

Other \_\_\_\_\_

Capacity of Grease Control Devices: \_\_\_\_\_

Locations: \_\_\_\_\_

2. Name of business: \_\_\_\_\_

Square Footage of business: \_\_\_\_\_ No. of Grease Control Devices: \_\_\_\_\_

Internal (hydromechanical) Grease Interceptor       External (Gravity) Interceptor Device

Other \_\_\_\_\_

Capacity of Grease Control Devices: \_\_\_\_\_

Locations: \_\_\_\_\_

3. Name of business: \_\_\_\_\_

Square Footage of business: \_\_\_\_\_ No. of Grease Control Devices: \_\_\_\_\_

Internal (hydromechanical) Grease Interceptor       External (Gravity) Grease Interceptor

Other \_\_\_\_\_

Capacity of Grease Control Devices: \_\_\_\_\_

Locations: \_\_\_\_\_

**Section III. Grease Control Maintenance**

Professional Service Information:

Name of Servicing Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe your sewer cleaning schedule/maintenance schedule: \_\_\_\_\_

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Describe your sewer self-inspection schedule:

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Describe the control measures you have established to monitor the grease control efforts of the Retail Food Establishments on this property.

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How many drums or containers are provided onsite for grease waste and where are they located?

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How often are these refuge areas self inspected? \_\_\_\_\_

Grease Waste Renderer Information:

Name of Renderer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Section IV. Grease Control Plan Checklist: (please initial by each box)  
(The following MUST be maintained onsite.)**

- A site plan prepared by a licensed design professional locating all sewer laterals, connections, manholes, inspection ports, monitoring pits or sampling manhole, EGIs, and related elevations; locations housing IGIs, grease retention capacities for EGIs and supporting calculations.
- Maintenance plans, self-inspection schedules for sewer lines and individual retail food establishments and related logs.
- Written rules and requirements for FOG discharging establishments located on the property. A copy should be attached to this application.
- Manufacturer's documentation and maintenance logs for all chemical additives, alarms, pumps, filters or similar technologies installed in association with FOG control on the property.
- Tools needed to provide access to grease control devices.
- Inspection equipment.
- Emergency spill kits for clean-up of grease spills, (e.g., absorbent pads, kitty litter.)
- Receipts for professional cleaning services.

**Section V. Certification**

I hereby certify that the information presented on the application is true and accurate.

\_\_\_\_\_  
*Owner (Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Design Professional (Print)*

\_\_\_\_\_  
*Signature*

*For Office Use Only:*

*Date Received*

*Action*