



# *Village of Balsam Lake*

404 Main St PO Box 506

Balsam Lake, WI 54810

715-485-3424

[deputyclerk@villageofbalsamlake.gov](mailto:deputyclerk@villageofbalsamlake.gov)

## **Fats, Oils and Grease (FOG) Waste Discharge Permit Application**

Return the completed form to:

Anna Ball  
Deputy Clerk Treasurer  
Village of Balsam Lake  
P.O. Box 506  
Balsam Lake, WI 54810

**-Or-**

Email it to:

[deputyclerk@villageofbalsamlake.gov](mailto:deputyclerk@villageofbalsamlake.gov)

**Instructions:** For the Village of Balsam Lake Department of Public Works to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the applicant must provide a permit application. The Permit Application Form must be completed in full. Your application will be returned to you if there is any missing information. Please write N/A if the information being requested does not apply.

The Permit Application must be signed by an official representative of the facility.

There is no permit fee due with the application, unless it is received after the due date. Applications received after March 1, 2026, will accrue a \$50.00 late fee. A late application received without remittance will be returned.

Note: The Village of Balsam Lake will not process incomplete Permit Applications. Clearly print or type the information requested.

**General Information**

|   |   |
|---|---|
| Applicant                               |   |
| Title with Business                     | Manager: <input type="checkbox"/> Owner: <input type="checkbox"/> |
| Doing Business As                       |   |
| Sewer Service Address                   |   |
| Phone Number                            |   |
| Name of Owner (If different from above) |   |
| Owner's Address                         |   |
| Owner's Phone Number                    |   |
| Is the Building Owned or Leased?        |   |

**Please check the description that represents your facility:**

|                            |                          |                   |                          |
|----------------------------|--------------------------|-------------------|--------------------------|
| Fast Food Restaurant       | <input type="checkbox"/> | Meat Processor    | <input type="checkbox"/> |
| Full Service Restaurant    | <input type="checkbox"/> | Convenience Store | <input type="checkbox"/> |
| Take Out Only              | <input type="checkbox"/> | Auto/Truck Repair | <input type="checkbox"/> |
| School Cafeteria           | <input type="checkbox"/> | Oil Change Center | <input type="checkbox"/> |
| Other Cafeteria            | <input type="checkbox"/> | Car Wash          | <input type="checkbox"/> |
| Food Preparation/ Catering | <input type="checkbox"/> | Auto Dealership   | <input type="checkbox"/> |
| Food Packer                | <input type="checkbox"/> |                   |                          |
| Other, Please Specify      | <input type="checkbox"/> |                   |                          |

**Food Service Only:**

|  |  |                      |  |
|--|--|----------------------|--|
| No. of Employees                             |  | Do you wash dishes   |  |
| Seating Cap. Inside                          |  | Seating Cap. Outside |  |
| Average no. of meals served during peak hour |  |                      |  |

**Facility Contact During Inspection:**

|               |        |
|---------------|--------|
| Name:         | Title: |
| Phone Number: |        |

**Please indicate operating hours. If seasonal, please attach a schedule or calendar of events.**

| Days of Operation | Hours of Operation |  |       |  |        |  |        |  |
|-------------------|--------------------|--|-------|--|--------|--|--------|--|
|                   | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Monday            | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Tuesday           | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Wednesday         | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Thursday          | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Friday            | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Saturday          | Open               |  | Close |  | 24 Hrs |  | Closed |  |
| Sunday            | Open               |  | Close |  | 24 Hrs |  | Closed |  |

Provide any additional information to supplement the chart above. This may include the seasonal nature of operations, annual functions, or other variations from a normal schedule.

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**Facility and FOG Control Equipment Information**

|   |  |   |  |                                   |
|---|--|---|--|-----------------------------------|
| Are you currently operating your business from the sewer address indicated? |  | Yes <input type="checkbox"/>            |  |                                   |
|   |  | No <input type="checkbox"/>             |  |                                   |
| If the answer is No, indicate the date you plan to begin operation          |  |   |  |                                   |
| Do you have a:  | Grease Interceptor<br><input type="checkbox"/> | Grease trap<br><input type="checkbox"/> | Oil & Grit Separator<br><input type="checkbox"/> | Other<br><input type="checkbox"/> |
| Brand Name:   |  |   |  |                                   |
| Model:  |  |   |  |                                   |
| Flow Rate (GPM):  |  | Capacity (Lbs):                         |  |                                   |
| Location:   |  |   |  |                                   |
| Devices/Fixtures Connected to FOG Control Equipment:                        |  |   |  |                                   |
|   |  |   |  |                                   |

As an effort to keep grease out of the drains and sewer system, has a kitchen Best Management Practices program been instituted? **YES / NO** (circle one)

If you answered YES, briefly describe the program. \_\_\_\_\_

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Complete the charts below for the grease control device(s) currently located at your facility. See the attached instructions of the distinction between two devices.

| Device         | Location                | Size (gallons or dimensions) | Serviced by | Cleaning Frequency     |
|----------------|-------------------------|------------------------------|-------------|------------------------|
| <i>Example</i> | <i>Under 3-bay sink</i> | <i>24" L x 17" W x 12" H</i> | <i>self</i> | <i>Twice per Month</i> |
| Trap #1        |                         |                              |             |                        |
| Trap #2        |                         |                              |             |                        |
| Trap #3        |                         |                              |             |                        |

| Device         | Location                            | Size (gallons or dimensions) | Serviced by            | Cleaning Frequency   |
|----------------|-------------------------------------|------------------------------|------------------------|----------------------|
| <i>Example</i> | <i>Parking lot-rear of building</i> | <i>1,500 gallons</i>         | <i>Valley Proteins</i> | <i>Every 8 weeks</i> |
| Inceptor #1    |                                     |                              |                        |                      |
| Inceptor #2    |                                     |                              |                        |                      |

**NOTE:** This does **not** refer to the recycled grease container you may use and is collected periodically by the service company.

Is there any type of solids screen or solid interceptor installed (other than the standard sink baskets)? **YES / NO** (circle one)

If you answered YES above, briefly describe. \_\_\_\_\_

Is there a flow control valve for each grease trap? **YES / NO** (circle one)  
Explain if necessary.

\_\_\_\_\_

Is there any bacterial, or biological enzyme, additive placed in the plumbing, grease trap(s), or grease interceptor(s)? **YES / NO** (circle one) **NOTE: Chemical enzyme additives are NOT allowed.**

If you answered YES, complete the following chart, and attach a Safety Data Sheet for each product:

| Additive Name | Location of Use | Amount and Frequency of Use |
|---------------|-----------------|-----------------------------|
|               |                 |                             |
|               |                 |                             |
|               |                 |                             |

**Authorized Signature**

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with the Village of Balsam Lakes FOG Program and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_