



[www.cityofrockhill.com/fog](http://www.cityofrockhill.com/fog)

RETURN THIS FORM TO:  
Grease Hauler Regulation Program-  
Manchester WWTP  
P.O. Box 11706  
Rock Hill, SC 29731-1706

Fax: 803-325-2684  
Email: [FOG@cityofrockhill.com](mailto:FOG@cityofrockhill.com)

## GREASE HAULER PERMIT APPLICATION FORM

Note: Please read the City of Rock Hill's Fats, Oil and Grease Control Policy and Instructions & Definitions prior to completing this application. Permits are nontransferable.

### INSTRUCTIONS & DEFINITIONS FOR APPLICATION FORMS

**Clearly print or type the information requested. Any missing or incomplete information may result in delays in processing this application. Please write N/A if the information being requested does not apply. The City will not process incomplete Permit Applications.**

**Applicant shall be the authorized representative of the proposed Food Service Establishment. Documentation required by this application shall be submitted with this application.**

**Any section that requires additional space or documentation shall be included as an attachment and labeled to identify the appropriate section.**

**For assistance, please contact the GMP Official at 803-329-8703.**

#### **Authorized representative:**

(a) For a corporation: the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or a duly – authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either (i) the facilities employ more than 250 persons or have a gross annual sales or expenditures exceeding \$25 million or (ii) the delegation of authority to such representative is approved in advance by the Director;

(b) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

#### **Grease removal device definitions:**

**Grease removal device (GRD)** refers generically to grease traps and grease interceptors.

**Grease interceptor** means a device located underground and usually outside of a Food Service Establishment (FSE) designed to collect, contain or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity. Interceptors shall be in conformance with the provisions of the City's FOG Control Policy and the South Carolina Plumbing Code.

**Grease trap** means a device located in a FSE usually under a sink or in the floor designed to collect, contain or remove food wastes and grease from the waste stream while allowing the balance of the liquid waste to discharge to the wastewater collection system by gravity. Traps shall be in conformance with the provisions of the City's FOG Control Policy and the South Carolina Plumbing Code.

#### **Approved disposal facility:**

Refers to a facility that has been Permitted to receive waste water pumped from grease removal devices to which your company discharges. This type of facility will be able to provide your company with an Authorization to Discharge form.

#### **Dipping methods (sludge judge readings, etc.):**

Refers to measurement devices approved by the City used to determine levels of grease, solids and total depth of GRD.



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GREASE HAULER PERMIT APPLICATION FORM

SECTION A - GENERAL INFORMATION (PLEASE PRINT LEGIBLY)

1. Facility Name: \_\_\_\_\_

If Renewing Permit Please include your current GHP Number: \_\_\_\_\_

Federal ID # / EIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_

2. Facility Street Address DO NOT USE P.O. BOX: \_\_\_\_\_

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

Business Mailing Address: Mark box if same as above [ ] If different from above:

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

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

3. Owner of Premises (Lessor): Mark box if same as above [ ] If different from above:

Type of Ownership: [ ] Individual [ ] Partnership [ ] LLC [ ] Corporation [ ] Non-Profit Organization

Name (Mr./ Mrs./ Ms.): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Designated signatory authority of the facility:

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Designated facility contact: Mark box if same as above [ ]

If different from above:

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

6. Manifest/ Reporting/ Hauler Record Keeping Point of Contact:

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SECTION B – VEHICLE INFORMATION (PLEASE PRINT LEGIBLY)**

Attach additional sheets if necessary.

VEHICLE TYPE	BUSINESS TRUCK #	LICENSE TAG #	SCDHEC VEHICLE ID #	CAPACITY (GALLONS)

**SECTION C – APPROVED DISPOSAL FACILITY (Attach written proof that you have been granted permission to use the approved disposal facility, such as an Authorization to Discharge Letter.)**

1. Disposal Facility Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_

2. Disposal Facility Street Address **DO NOT USE P.O. BOX:** \_\_\_\_\_

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

3. Owner of Premises (Lessor): Mark box if same as above  If different from above:

Type of Ownership:  Individual  Partnership  LLC  Corporation  Non-Profit Organization

Name (Mr./ Mrs./ Ms.): \_\_\_\_\_

Business Mailing Address: Mark box if same as above  If different from above:

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

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

4. Designated signatory authority of the facility: Mark box if same as above

If different from above:

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Designated facility contact: Mark box if same as above

If different from above:

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**If more than one disposal site, attach additional sheets as necessary inclusive of above information.**

**SECTION D – RECORD KEEPING**

Requirement for Food Service Establishments (FSE): All Grease Removal Devices (GRD) shall be easily accessible and shall not be obstructed by landscaping, parked cars, shelving, or other obstructions. Any temporary or permanent obstruction to safe and easy access to the areas to be inspected / monitored shall be removed promptly by the responsible party at the written or verbal request of the City. The costs of clearing such access shall be borne by the responsible party. FSE are required to maintain a Permitted pumping frequency determined by the City.

**No additives, enzymes or bacteria may be placed in the plumbing or Grease Removal Device of which may degrade FOG!**

A FSE may authorize a Registered Grease Hauler to act on its behalf regarding the inspection, disposal, maintenance records, and reporting requirements. See FOG Policy Section 8. B. for pumping practices.

Hauler Monthly Reports shall include and the FSE name, FSE address, FSE contact information, capacity of GRD, date of pump out, Sludge Judge Readings (estimated depth of grease, solids and water removed from GRD), and any defects with the GRD (Cracks, Baffle Wall Missing, Tees Missing, No Outlet Access, etc.). Each report shall also note any repairs that have been made to the interceptor or trap including the dates that these repairs were affected. Reports shall be submitted to the address provided in the permit. If no pumping activities have been performed, please submit a report denoting that “No Pumpings Performed”. **If reports are received by the City more than 15 days after the end of each month, a first re-inspection fee (non-compliance) may be administered by the GMP Official.**

**Authorized Representative Statement:**

I certify that I have read City of Rock Hill’s Fats, Oil and Grease Control Policy and agree to abide by the regulations contained in said Policy, as well as any other applicable federal, state or local regulations governing my activities. I understand that all Grease Waste Haulers must have an active City of Rock Hill issued Grease Hauler Permit (GHP) prior to providing grease hauling services within the City’s wastewater collection system service area. I recognize it shall be unlawful for any identified grease hauler to clean or pump out grease removal devices on the City’s system without a current GHP. If I am granted a GHP I understand I will need to apply for and acquire a City of Rock Hill business license prior to providing grease hauling services within the City.

I further certify under penalty of law that this document and all attachments were prepared under my direct 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/ or imprisonment for knowing violations.

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**FOR City of Rock Hill USE ONLY**

Application Complete [ ] Yes [ ] No

Permit to be granted \_\_\_\_\_ or rejected \_\_\_\_\_

Explanation for rejection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Application Reviewer Signature

\_\_\_\_\_  
Date