



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

## **FOOD SERVICE ESTABLISHMENT FATS, OIL AND GREASE DISCHARGE PERMIT RENEWAL 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.

**Please return this completed form, with “WET INK” signature, to:**

**Via post:  
City of Rock Hill  
FOG Management Program-  
Manchester WWTP  
P.O. Box 11706  
Rock Hill, SC 29731-1706**

**Or**

**You may hand deliver to:  
310 Red River Rd. Rock Hill, SC 29730  
Hand deliveries may be made  
M-F, 7 am-3 pm. Closed Holidays.**

**You will be issued a receipt upon hand delivery.**



PLEASE RETURN THIS COMPLETED FORM TO:  
**City of Rock Hill**  
**FOG Management Program-Manchester WWTP**  
**P.O. Box 11706**  
**Rock Hill, SC 29731-1706**  
**Or you may hand deliver to:**  
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**FOOD SERVICE ESTABLISHMENT  
 FATS, OIL AND GREASE DISCHARGE PERMIT RENEWAL APPLICATION FORM**

If you have a Mobile Vending Operation/Food Truck, please complete the Mobile Vendors GDP Application.

**SECTION A – GENERAL INFORMATION (PLEASE PRINT LEGIBLY)**

**1. FSE Name:** \_\_\_\_\_ **Store #** \_\_\_\_\_ **Federal ID # / EIN:** \_\_\_\_\_

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

**2a. FSE Street Address DO NOT USE P.O. BOX:** \_\_\_\_\_ **Suite** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** SC **County:** York **Zip:** \_\_\_\_\_

**2b. Business Mailing Address:** Mark box if same as **2a.**

If different from above complete the following:

**Street/ PO Box:** \_\_\_\_\_ **Suite** \_\_\_\_\_

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

**3. Authorized Representative of the facility:**

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

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

**4. Primary designated facility contact:** Mark box if same as above

If different from above complete the following:

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

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

**5. If leasing property: Owner of Premises (Lessor):** Mark box if same as above

If different from above complete the following:

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

**Name:** \_\_\_\_\_

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

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

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

**SECTION B – FACILITY OPERATIONAL CHARACTERISTICS (PLEASE PRINT LEGIBLY)**

1. Have you upgraded or added equipment that may alter the grease production of your facility?  Yes  No

Please update the **quantity** of each item that you currently have or will install in your facility:

Grill/ Griddle: \_\_\_\_ Grease Tray/ Drawer:  Yes  No FOG Disposal Method:  Recycle  Trash

Convection/ Commercial Oven: \_\_\_\_ Microwave Oven: \_\_\_\_ Pizza Oven: \_\_\_\_

Range/ Stove Burners: \_\_\_\_ FOG Disposal Method:  Recycle  Trash

Deep Fryer: \_\_\_\_ Size (lb.): \_\_\_\_\_ FOG Disposal Method:  Recycle  Trash

Hood filters: \_\_\_\_ Type:  Automatic  Manual Company used to clean hood: \_\_\_\_\_

3 Compartment Sink \_\_\_\_ 2 Compartment Sink \_\_\_\_ 1 Compartment Sink \_\_\_\_ Hand Sink \_\_\_\_ Bar Sink \_\_\_\_

Dishwasher \_\_\_\_ Pre-Rinse Sink Basket:  Yes  No Mop Sink/ Can Wash: \_\_\_\_ Food Waste Disposal/ Disposer: \_\_\_\_

Floor Drains: \_\_\_\_ Screened:  Yes  No Screens installed with screws, liquid nail, etc.:  Yes  No

Additional Equipment, i.e., Mixer, Hot Dog Roller, Wok Station, Tilt Kettle, Laundry Washer, etc.: \_\_\_\_\_

2. Have you increased the seating capacity at your facility?  Yes  No Seating capacity: \_\_\_\_\_

3. What is the number of meals served/ sold per day? \_\_\_\_\_

**ATTACH A LIST OF FOODS TO BE SERVED OR INCLUDE A NEW MENU**

**SECTION C – WASTEWATER DISCHARGE INFORMATION (PLEASE PRINT LEGIBLY)**

1. Have changes or expansions altered the wastewater volumes or characteristics?  Yes  No

If you answered Yes to the previous question, briefly describe these changes and their effects on the wastewater volume and characteristics. (Attach additional sheets if needed.)

**Provide a copy of the plumbing floor diagrams for any altered or added plumbing fixtures including all Grease Removal Devices, kitchen sewer connections, sinks, floor drains, dishwashers, etc.**

**SECTION D – PRETREATMENT GREASE REMOVAL DEVICE (GRD)**

All 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.

1. GRD Make and Model: \_\_\_\_\_ or Check Box If Precast Concrete

Capacity (in gallons):  Greater than 1500  1000-1500  Less than 1000 Location (kitchen, parking lot, etc): \_\_\_\_\_

2. If a contractor cleans the GRD, please list the following: Cleaning frequency: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

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

3. If you have an **INDOOR** grease trap, how often do you clean it and how do you dispose of the waste after cleaning the trap?

Cleaning frequency \_\_\_\_\_  Trash  Contractor disposes of grease  Other- explain: \_\_\_\_\_

**Submit cleaning records for the past 6 months along with this application.**

4. Are there any additives, enzymes or bacteria placed in the plumbing or GRD of which may degrade FOG?  Yes  No  
Please attach Safety Data Sheets for each product.

**SECTION E – RECYCLING (PLEASE PRINT LEGIBLY)**

1. Do you or will you recycle the grease produced at your facility?  Yes  No

Which company recycles your grease or will recycle your grease:

Contractor Name: \_\_\_\_\_

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

2. Do you have a grease dumpster for recycling?  Yes  No Where is it located? \_\_\_\_\_

3. Have pollution prevention measures been implemented (**Best Management Practices**)?  Yes  No [City BMP](#)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**Attach copies of manifests and / or receipts for any grease removal device pumping or maintenance activities performed within the past year**

**Authorized Representative Statement:**

I certify that I have read City of Rock Hill's Fats, Oil and Grease Control Policy and understand that all Food Service Establishments (FSE) must have a Grease Removal Device before discharge of fats, oil and grease to the City of Rock Hill's sanitary sewer system.

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: \_\_\_\_\_

Food Service Establishment Grease Discharge Permit Number (GDP No.): \_\_\_\_\_

\_\_\_\_\_  
Signature Date