



www.cityofrockhill.com/fog

RETURN THIS FORM TO:
City of Rock Hill
FOG Management Program-Manchester WWTP
P.O. Box 11706
Rock Hill, SC 29731-1706

Fax: 803-325-2684
Email: FOG@cityofrockhill.com

FOOD SERVICE ESTABLISHMENT (FSE) PUMPING FREQUENCY VARIANCE 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.

Indoor/outdoor plumbing floor diagrams:

Refers to a drawing in sufficient detail to show the location of all kitchen equipment that produces wastewater, floor drains, sewer connections, grease interceptors and appurtenances in the FSE premises if known or it may be readily ascertained.

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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PUMPING FREQUENCY VARIANCE APPLICATION FORM

SECTION A - GENERAL INFORMATION (PLEASE PRINT LEGIBLY)

1. FSE Name: Store # Federal ID # / EIN:

Telephone Number: Website:

2. FSE Street Address DO NOT USE P.O. BOX: Suite

City: State: SC County: York 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.):

Business Mailing Address: City: State: Zip:

Telephone Number: E-mail Address:

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

Name: Title:

Telephone Number: E-mail Address:

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

Name: Title:

Telephone Number: E-mail Address:

SECTION B - GREASE REMOVAL DEVICE (GRD) INFORMATION (PLEASE PRINT LEGIBLY)

Emulsifiers, bacteria, chemicals and enzymes that degrade grease shall not be discharged into a GRD.

1. Grease removal device FSE is submitting for a variance from monthly pumping requirements:

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):

Date pumped: _____ Total volume removed (in gallons): _____

Sludge Judge (SJ) Readings (Attach any Grease Hauler Manifests for the previous 6 months)

Measurement of the solids layer of the GRD: _____ Measurement of the grease layer of the GRD: _____

Measurement of the gray water layer of the GRD: _____

Grease and solids volume percentage [(Solids + Grease) divided by (Solids + Grease + Water)] = _____ < .25 = **Compliance**

2. Findings from a visual inspection that notes the overall condition of the GRD including, but not limited to, accessibility of the GRD for inspection, accessibility for grease removal and accessibility for wastewater sampling activities. Also note any repairs needed such as walls, baffles, piping access openings, ect. (Attach additional sheets if necessary): _____

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 certify the GRD shall be pumped or cleaned at the scheduled pumping and cleaning frequency the City has determined necessary for the GRD to stay in compliance with the City's FOG Ordinance after the City has completed its evaluation and notified me of the appropriate pumping frequency for each GRD.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and/ or imprisonment for knowing violations.

Applicant

Print Name: _____ Print Title: _____

Signature _____ Date _____

Witness

Print Name: _____ Print Title: _____

Signature _____ Date _____

FOR City of Rock Hill USE ONLY

Application Complete [] Yes [] No

Date of Variance inspection: _____ Variance to be granted _____ or rejected _____

Comments: _____

Application Reviewer Signature _____ Date _____