



FOOD SERVICE ESTABLISHMENT (FSE) FATS, OIL AND GREASE (FOG) DISCHARGE 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.

Please return this completed form, with the original “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.



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**FOOD SERVICE ESTABLISHMENT (FSE)
 FATS, OIL AND GREASE (FOG) DISCHARGE PERMIT APPLICATION FORM**

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. Please choose one description that best describes your facility.

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> School
<input type="checkbox"/> Take-out (only) Restaurant	<input type="checkbox"/> Club / Organization
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Coffee Shop
<input type="checkbox"/> Assisted Living Facility	<input type="checkbox"/> Day Care Center
<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Delicatessen/ Sandwich Shop
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other: _____

2. Please indicate 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.: _____

3. What is the seating capacity at your facility (in and out)? _____

4. What are the hours of operation? _____

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. What is the estimated monthly wastewater discharge from food service operation (gallons)? _____

2. Are there any changes or expansions planned in the next three years that could alter 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.)

SECTION D – PRETREATMENT GREASE REMOVAL DEVICE (GRD) (See Instructions & Definitions)

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. Complete the following for each GRD:

GRD 1: 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): _____

GRD 2: 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

3. 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. You may use the [link to Securely Upload documents and attachments for Applications](#).

SECTION E – RECYCLING

1. Do you or will you recycle the Used Cooking Oil and other grease produced at your facility? Yes No

Which company recycles your Used Cooking Oil and other grease:

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

2. Do you have a grease dumpster? Yes No Where are they 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 6 months.

See www.cityofrockhill.com/fog **Easy Online Forms**, to use the link to **Securely Upload documents and attachments for Applications**.

This document requires a “Wet Ink” signature. The Original document must be submitted to process this application.

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: _____

Signature _____ Date _____