

CALENDAR YEAR  
**2017**



cityofrockhill.com/fog  
Office: 803-329-8703  
Fax: 803-325-2684

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

**Note: Please read the City of Rock Hill's Fats, Oil and Grease Control Policy and all attached instructions/ definitions prior to completing this application.**

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

Or you may fax: 803-325-2684 or email: FOG@cityofrockhill.com

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

3. Owner of Premises if different from above:  
Type of Ownership:  Individual  Partnership  LLC  Corporation  Non-Profit Organization

Name (Mr./ Mrs./ Ms.): \_\_\_\_\_  
Business Mailing Address if different from above:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

**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"/> Nursing Home / ALF               |
| <input type="checkbox"/> Fast Food Restaurant                       | <input type="checkbox"/> School                           |
| <input type="checkbox"/> Drive Through / Take-out (only) Restaurant | <input type="checkbox"/> Club / Organization              |
| <input type="checkbox"/> Seasonal Restaurant                        | <input type="checkbox"/> Company / Office Building        |
| <input type="checkbox"/> Supermarket                                | <input type="checkbox"/> Coffee Shop                      |
| <input type="checkbox"/> Meat Market                                | <input type="checkbox"/> Religious Institution            |
| <input type="checkbox"/> Hotel / Motel                              | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> Ice Cream Shop                             | <input type="checkbox"/> Delicatessen/ Sandwich Shop      |
| <input type="checkbox"/> Day Care Center                            | <b>Mobile Food Vendor (See Mobile Vendor Application)</b> |
| <input type="checkbox"/> Bakery                                     | <input type="checkbox"/> Other: _____                     |

2. Please indicate the quantity of each item that you currently have or will install in your facility:

Grill: \_\_\_ 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: \_\_\_ Type:  Automatic  Manual Company used to clean hood? \_\_\_\_\_  
 Tilt Kettle \_\_\_ Steam Table \_\_\_ Buffet Warming Cart \_\_\_ FOG Disposal Method:  Recycle  Trash  
 3 Compartment Sink \_\_\_ 2 Compartment Sink \_\_\_ 1 Compartment Sink \_\_\_ Hand Sink \_\_\_ Bar Sink \_\_\_  
 Dishwasher \_\_\_ Pre-Rinse Sink Basket:  Yes  No Mop Sink/ Can Wash: \_\_\_ Disposal: \_\_\_  
 Floor Drains: \_\_\_ Screened:  Yes  No Screens installed with screws, liquid nail, etc.:  Yes  No  
 Additional Equipment (Mixer, Hot Dog Roller, Food Chopper, Laundry Washer, etc.): \_\_\_\_\_  
 \_\_\_\_\_

3. What is the seating capacity at your facility? \_\_\_\_\_

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

5. What is the number of employees and hours of operation? \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C – WASTEWATER DISCHARGE INFORMATION**

1. Please mark the item which best describes your current wastewater discharge.

Existing Sewer Discharge  Existing Septic System  Proposed (New) Sewer Discharge  
 Estimated monthly wastewater discharge from food service (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.)

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

**Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, sewer connections, Grease Removal Devices, sinks, floor drains, dishwashers, restrooms, etc. (see instructions for additional information).**

**SECTION D – PRETREATMENT GREASE REMOVAL DEVICE (GRD)  
(PLEASE PRINT LEGIBLY)**

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. Please select your GRD:  Grease Interceptor  Grease Trap  Both  None  
Complete the following for all GRD:

**GRD 1:** Make and Model: \_\_\_\_\_  
Capacity (in gallons): \_\_\_\_\_  
Location (kitchen, parking lot, etc): \_\_\_\_\_

**GRD 2:** Make and Model: \_\_\_\_\_  
Capacity (in gallons): \_\_\_\_\_  
Location (kitchen, parking lot, etc): \_\_\_\_\_

2. If the **INDOOR** grease trap is being maintained on-site, 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: \_\_\_\_\_

3. If a contractor cleans the GRD, please list the following:

Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Are there any additives, enzymes or bacteria placed in the plumbing or GRD?  Yes  No

Please complete the following and attach Safety Data Sheets for each product:

Additive Name: \_\_\_\_\_  
Additive Frequency: \_\_\_\_\_  
Location additive is added: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

**SECTION E – RECYCLING**

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: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Is there a recycling container on-site?  Yes  No How many recycling containers are on-site and where are they located? \_\_\_\_\_

3. Have pollution prevention measures been implemented (**Best Management Practices**)?  Yes  No  
Explain briefly the pollution prevention measures that have been implemented. (Attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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**FOR City of Rock Hill USE ONLY**

Application Complete [ ] Yes [ ] No

Date of pre-permit inspection: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Application Reviewer Signature

## **INSTRUCTIONS & DEFINITIONS FOR APPLICATION FORMS**

**Application must be legible. Any missing or incomplete information may result in delays in processing this application.**

**Applicant shall be the owner of the proposed Food Service Establishment or the presiding officer of the legal entity owning 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.**

### **SIGNATORY AUTHORITY**

This refers to legal power delegated by an authoritative body (such as a board of directors) to organizational positions (such as president, managing director, manager) appointing them as agents of the organization for general or specific purposes (such as payment authority, revenue authority, spending authority).

### **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 wastestream 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 designed to collect, contain or remove food wastes and grease from the wastestream 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's premises if known or it may be readily ascertained.

### **DIPPING METHODS (SLUDGE JUDGE READINGS, ETC.)**

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