



**GREER COMMISSION OF PUBLIC WORKS**

**FOOD SERVICE ESTABLISHMENT (FSE) WASTEWATER DISCHARGE  
PERMIT APPLICATION**

(No fee required for permit issuance) (Questions, Call: 864 608-3546)

**RETURN THIS FORM TO:  
Greer Commission of Public Works  
Pretreatment Coordinator  
PO Box 216  
301 McCall St.  
Greer, SC 29652**

**SECTION A – GENERAL INFORMATION**

1. Business Establishment Name: \_\_\_\_\_ Store # \_\_\_\_\_
  
2. Business Establishment Mailing Address:  
Street or PO Box \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_
  
3. Business Establishment Physical Address (if different from above):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
4. Owner of Business Establishment:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
  
5. Owner of Premises (if different from 4 above):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

6. Designated Business Establishment Signatory Authority:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Designated Business Establishment Contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION B – FACILITY OPERATIONAL CHARACTERISTICS**

1. Please choose one description that best describes your facility:
- Fast Food Restaurant
  - Full Service Restaurant
  - Drive-through / Take-out only Restaurant
  - Seasonal Restaurant
  - Coffee Shop
  - Bakery
  - Supermarket
  - Religious Institution
  - Nursing Home / Assisted Living Facility
  - Hotel / Motel
  - School
  - Club / Organization
  - Company / Office Building
  - Ice Cream Shop
  - Hospital
  - Other \_\_\_\_\_
2. Please indicate each item you currently have or will install in your facility and the number of each:
- Grill \_\_\_ Grease Tray / Drawer \_\_\_ Grease Disposal Method \_\_\_\_\_
  - Range / Stove \_\_\_\_\_ Number of Burners \_\_\_\_\_
  - Dishwasher \_\_\_\_\_
  - Pre-rinse Sink \_\_\_\_\_ Waste Trap / Basket \_\_\_\_\_
  - Mop Sink / Can Wash \_\_\_\_\_
  - Deep Fryer \_\_\_\_\_ Size \_\_\_\_\_ Baskets per Fryer \_\_\_\_\_  
Oil Disposal Method \_\_\_\_\_
  - Number of Floor Drains \_\_\_\_\_ Screened \_\_\_\_\_  
Screens installed with screws, liquid nail, etc. \_\_\_\_\_
  - Tilt Kettle / Crock Pot \_\_\_\_\_  
Grease Disposal Method \_\_\_\_\_
  - Garbage Disposal \_\_\_\_\_
  - 3 Compartment Pot Sink \_\_\_\_\_
  - 2 Compartment Pot Sink \_\_\_\_\_

- Single Compartment Sink \_\_\_\_\_
- Tub Sink \_\_\_\_\_
- Hand Wash Sink \_\_\_\_\_
- Other Equipment (Woks, etc.) \_\_\_\_\_

- 3. **Please provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc.**
- 4. Seating Capacity \_\_\_\_\_
- 5. Days and hours of operation and number and time of shifts \_\_\_\_\_  
\_\_\_\_\_
- 6. Number of employees \_\_\_\_\_

**SECTION C – WASTEWATER DISCHARGE INFORMATION**

- 1. Please check the item which best describes your wastewater discharge:  
 Existing Sewer Discharge  Existing Septic System  Proposed (New) Sewer Discharge  
Estimated monthly wastewater discharge (gallons) \_\_\_\_\_
- 2. Are there any changes or expansions planned in the next three years that could alter the wastewater volume or characteristics?  Yes  No
- 3. If Yes to Question 2 above, briefly describe the changes and their effects on the wastewater volume and characteristics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- 1. Do you currently have an indoor grease trap?  Yes  No  
Do you currently have an outdoor grease interceptor?  Yes  No
  - a. Make and Model: \_\_\_\_\_  
Location (kitchen, parking lot, etc.): \_\_\_\_\_  
Capacity of grease removal device (gallons): \_\_\_\_\_
  - b. Make and Model: \_\_\_\_\_  
Location (kitchen, parking lot, etc.): \_\_\_\_\_  
Capacity of grease removal device (gallons): \_\_\_\_\_
- 2. If you have an **INDOOR** grease trap, how do you dispose of the waste after cleaning the trap?  Trash  Contractor disposes of grease  Recycle  
 Other (explain): \_\_\_\_\_  
\_\_\_\_\_

3. If a contractor pumps and/or cleans the **INDOOR** or **OUTDOOR** grease removal device(s), please list the following:

Name of Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note all GRD's 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 and/or monitored shall be removed promptly by the responsible party at the written or verbal request of Greer CPW. The costs of clearing such access shall be borne by the responsible party.

4. If your facility has grills / ovens, which type of exhaust cleaning system do you use?  
 Automatic  Manual
5. Are any additives placed in the plumbing, grease interceptor, or grease trap (i.e. enzymes, bacteria, etc)?  Yes  No
6. If you answered Yes to Question 6 above, please complete the following and attach Material Safety Data Sheets (MSDS) for each product:

Name of Additive: \_\_\_\_\_  
Location where additive is placed: \_\_\_\_\_  
Frequency additive is used: \_\_\_\_\_

**SECTION F – RECYCLING**

1. Do or will you recycle the grease produced at your facility?  Yes No
2. If Yes, name of company that recycles your grease: \_\_\_\_\_  
\_\_\_\_\_
3. Recycling container on site:  Yes No   
If Yes, number and location: \_\_\_\_\_  
\_\_\_\_\_

4. Have pollution prevention measures (Best Management Practices) been implemented? Yes [ ] No [ ]

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MENU.**

**Authorized Representative Statement:**

I certify that I understand that food service establishments may be required to have a grease removal device before being allowed to discharge wastewater containing fats, oil, and grease to the Greer CPW 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.

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

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

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