



**GREER COMMISSION OF PUBLIC WORKS  
GREASE HAULER PERMIT (GHP) APPLICATION**

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

**SECTION A – GENERAL INFORMATION** (Please print legibly)

1. Grease Hauler Name: \_\_\_\_\_
2. Grease Hauler Mailing Address:  
Street or PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_
3. Grease Hauler Physical Address (if different from 2 above):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Owner of Grease Hauler Business:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Owner of Grease Hauler Premises (if different from 4 above):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
6. Designated Grease Hauler Signatory Authority:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Designated Grease Hauler Contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION B – VEHICLE INFORMATION:** (Please print legibly)  
(Attach additional sheets if necessary)

Vehicle Type	Truck #	License Tag #	SCDHEC Vehicle ID #	Capacity (gallons)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION C – APPROVED DISPOSAL FACILITY(IES)** (Please print legibly)  
 (If more than two disposal sites, attach additional sheets as necessary to include the information below)

**DISPOSAL FACILITY #1**

1. Disposal Facility Name: \_\_\_\_\_
2. Disposal Facility Mailing Address:  
 Street or PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_
3. Disposal Facility Physical Address (if different from 2 above):  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Owner of Disposal Business:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Owner of Disposal Premises (if different from 4 above):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
6. Designated Disposal Facility Signatory Authority:  
 Name: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

7. Designated Disposal Facility Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**DISPOSAL FACILITY #2**

1. Disposal Facility Name: \_\_\_\_\_

2. Disposal Facility Mailing Address:

Street or PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Website: \_\_\_\_\_

3. Disposal Facility Physical Address: (if different from 2 above)

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Owner of Disposal Business

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Owner of Disposal Premises (if different from 4 above)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

6. Designated Disposal Facility Signatory Authority:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

7. Designated Disposal Facility Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Attach written proof that you have been granted permission to use the approved disposal facility(ies).**

**SECTION D – RECORD KEEPING**

A Food Service Establishment (FSE) may authorize a **Registered Grease Hauler** to act on its behalf regarding inspection, disposal, and maintenance records, and reporting requirements. Grease Hauler Reports shall include estimated depth of grease and solids, quantity of water removed from Grease Removal Device (GRD), any defects in the GRD (baffle missing, tees missing, no outlet access, etc.), date of pump-out of GRD, capacity of GRD, and the name and address of the FSE contact. Each report shall also note any repairs that have been made to the interceptor or trap, including the date repairs were affected. Reports shall be submitted to the address provided in the permit. If no pumping activities have been performed, please submit a report stating “No Pumpings Performed”. **If reports are received by Greer CPW more than 15 days after the end of the month, enforcement actions, including penalties, may be applied by the FMP Official.**

**Authorized Representative Statement:**

I certify that I have read the Greer CPW Fats, Oil, and Grease Ordinance and Policy and agree to abide by the regulations contained therein, as well as any other applicable Federal, State, or local regulations governing my activities, I understand that all Grease Waste Haulers must have a Grease Hauler Permit (GHP) issued by Greer CPW prior to providing grease hauler services within the Greer CPW Maple Creek Wastewater Treatment Plant sewer collection system service area. I recognize it shall be prohibited for any grease hauler to clean or pump out any Grease Control Device within the Greer CPW Maple Creek Wastewater Treatment Plant sewer collection system service area without a current GHP.

I further understand, 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: \_\_\_\_\_