



GREASE TRAP/INTERCEPTOR PERMIT

ESTABLISHMENT OWNER NAME _____

FACILITY NAME _____

PHONE _____

FACILITY ADDRESS _____

(ESTABLISHMENT OWNER)

TYPE (Sit Down/TakeOut/Drive-Through) _____

MAXIMUM SEATING CAPACITY _____

MAXIMUM HOURS OF OPERATION PER DAY _____

TYPE OF DEVELOPMENT _____

FOOD PREPARATION (check any that apply)

- Deep Frying
- Grilling
- Baking
- Pan Frying
- Heating
- PrePrepared Food

KITCHEN EQUIPMENT

- Dishwasher Dishwasher Flow _____ (gpm)
- Garbage Disposal
- 3-CompartmentSinks: Quantity _____
- Inside Dimensions of 3-Comp. Sink Bowl (inches)
- Depth _____ Width _____ Length _____
- Total # of Kitchen Sinks _____ Pipe Diameter _____
- Total # of Floor Drains _____ Pipe Diameter _____

PRETREATMENT (check if present & provide size)

- Existing Grease Trap _____
- Rating or Size _____

I hereby certify that the above information is correct. I am aware that changes in any of the above information will require a re-application and possible increase in the size or type of grease trap/interceptor required. I agree to have the grease trap/interceptor cleaned/pumped out at the minimum frequently as determined below or more frequently if needed, to maintain the grease interceptor in proper operating condition. I agree to submit proof to GRU within 7 days of each pump out of the trap/interceptor by a certified grease hauler. If the trap/interceptor is maintained by facility personnel, I agree to submit to GRU semi-annually a copy of all mainenance performed within the previous six months. This permit is valid only for the specific facility, ownership, processes and operations indicated above. As such, it cannot be sold, transferred, or reassigned.

Applicant Signature _____

Date _____

Establishment Owner Email _____

PERMIT REQUIREMENTS (To be completed by GRU Water/Wastewater Engineering)

TYPE of TRAP/INTERCEPTOR: _____ SIZE: _____

PUMPOUT/CLEAN-OUT FREQUENCY: _____

OTHER REQUIREMENTS:

Requirements of this permit including pumping frequency and grease trap/interceptor size are subject to change with change in operations or collection system problems.

GRU Rep: _____ DATE: _____

Please email completed copy to FOG@gru.com
Questions? Email: FOG@gru.com Phone: 352-393-1286