

OIL/WATER SEPARATOR PERMIT

APPLICANT (OWNER) NAME _____

FACILITY NAME _____ PHONE _____

FACILITY ADDRESS _____

TYPE (Car Wash/Auto Repair/Fleet Maintenance/Other) _____

TYPE OF DEVELOPMENT _____

PRETREATMENT (check if present & provide size):

OIL MANAGEMENT DEVICE FLOW/DRAIN SIZE

OWS Interceptor Type _____

Max Flow to OWS _____

OWS Interceptor Size _____

Total # of Floor Drains _____ Pipe Diameter _____

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 trap/interceptor required.

I agree to have the trap/interceptor cleaned/pumped out at the minimum frequently as determined below or more frequently if needed, to maintain the 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 waste hauler.

If the trap/interceptor is maintained by facility personnel, I agree to submit to GRU semiannually a copy of all maintenance 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 _____

Applicant 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 trap/interceptor size are subject to change with change in operations or collection system problems.

GRU Rep: _____ Date: _____

Oil & Grease Management Program, PO Box 147117, Station E3-F, Gainesville, FL 32617-7117

Fax: 352-334-2752, Phone: 352-393-1286