



capitalregionwater.com
888-510-0606

Fats, Oils and Grease Wastewater Discharge Permit Request

Facility Information:

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Location (If different from address): _____

Contact Information:

Business Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Primary Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Property Owner Information:

Owner Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

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Type of Facility (check one):

- | | | |
|--------------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Bakery | <input type="checkbox"/> School |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Ice Cream/Yogurt/Gelato | <input type="checkbox"/> Retirement Home |
| <input type="checkbox"/> Carry Out | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Food Court | <input type="checkbox"/> Sandwich Shop | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Church | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other: _____ |

Seating Capacity: _____

Days/Hours of Operation: _____

Number of Shifts: _____

Number of Employees per Shift: _____

Number of Meals per Day: _____

Grease Interceptor/Oil and Grit Separator Information:

Device No. 1

Type (check one): Grease Trap Grease Interceptor Oil and Grit Separator

Location: _____

Size (gallons): _____ **Service Frequency:** _____

Device No. 2

Type (check one): Grease Trap Grease Interceptor Oil and Grit Separator

Location: _____

Size (gallons): _____ **Service Frequency:** _____

Use additional sheets if more than 2 devices and submit copies of any other information regarding the interceptor or separator, such as drawings, cut sheets, etc.

Also, please submit a facility plumbing plan showing all equipment, facilities, and other devices such as garbage disposals, interceptor location, etc. and their discharge points to the sanitary sewer. The plan can be a simple hand drawn schematic or an engineer's plumbing drawing.



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Hauler Information:

Name of Hauler: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

*****Please attach a copy of latest manifest*****

Disposal Information:

Briefly describe the disposal methods for fats, oils and grease, and, if applicable, complete the information regarding the establishment at which it is disposed:

Name of Establishment: _____

Address: _____

Phone: _____ Fax: _____

Email: _____



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This permit application is to be signed by an authorized representative of your facility after adequate completion of the form and in accordance with the following certification: "I certify under penalty of law that this document and all attachments were prepared under my direction or 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 understand that this statement is subject to penalties applicable under law pursuant to 18 Pa. C. S. Sec. 4904 (unsworn falsification to authorities)."

_____	_____
Company Representative (printed)	Title
_____	_____
Signature	Date

Note: Request is not approved until a Permit is issued by Capital Region Water.

A Fee of \$50.00 payable to "Capital Region Water" must accompany this request.

Submit form, facility plumbing plan, and payment in-person or by mail to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

Capital Region Water Use Only

Date Request Received: _____
Request Received By: _____
Permit Number: _____
Comments: