

**GREASE, SAND, OIL & WATER
INTERCEPTOR PERMIT APPLICATION**

| | |
|-----------------------------|---------------------------------|
| Application Approval | |
| Printed: | David W. Hughes, Superintendent |
| Signature: | _____ |
| Date : | _____ |
| Sewer Account Number: | _____ |

Authorized Representative Statement

I hereby certify that the following information is accurate. I acknowledge that changes in cooking methods, volumes, and hours of operation may require re-application and possible increase in the size or type of grease interceptor. I certify the grease interceptor(s) will be cleaned in accordance with manufacturers' specifications, at a minimum once every 3 months, or as directed by the Scarborough Sanitary District. I certify that all staff will use best management practices as it pertains to disposal and handling of grease, fats, and oils.

Printed _____
Signature _____
Date _____

Please include \$75 application fee with this application.

Section A - Facility Information

Please choose one description that best describes your facility

- New Food Service Establishment (FSE) FSE with Recent Modification
 Existing Food Service Establishment Other: _____

Facility:

Name: _____
Street Address: _____
Telephone Number: _____
Mailing Address: _____
Map/Lot: _____

Owner of Premises

Name: _____
Address: _____
Telephone Number: _____

Facility Contact

Name: _____
Title: _____
Address: _____
Telephone Number: _____

Section B - Facility Operational Characteristics

1. Please choose what best describes your facility:

- | | | |
|--------------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> School/College | <input type="checkbox"/> Meat Market |
| <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Office Building | <input type="checkbox"/> Bar/Lounge |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Hospital | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Fruit/Vegetable Market | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Other |

2. Please indicate each item that you currently or will have in your facility and the quantity of each:

| | | | |
|------------------------|-------|------------------|-------|
| Grill: | _____ | Pre Rinse Sink: | _____ |
| Oven: | _____ | Three Bay Sink: | _____ |
| Deep Fryer: | _____ | Two Bay Sink: | _____ |
| Dishwasher: | _____ | Single Bay Sink: | _____ |
| Garbage Disposal: | _____ | Hand Sinks: | _____ |
| Tilt Kettle/Crock Pot: | _____ | Mop Sink: | _____ |
| Other Equipment: | _____ | Floor Drains: | _____ |

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease/solids interceptors, sinks, floor drains, dishwashers, restrooms, etc.

4. Provide a site map with your building's footprint. Include surrounding streets and landmarks, and connections to the Publicly-Owned Treatment Works (POTW).

5. How many employees do you have at your facility? _____

6. If serving food, what is the seating capacity at your facility? _____

7. Please indicate your facility's standard hours of operation.

| | | | |
|-----------|-------|----------|-------|
| Sunday | _____ | Thursday | _____ |
| Monday | _____ | Friday | _____ |
| Tuesday | _____ | Saturday | _____ |
| Wednesday | _____ | | |

Section C- Treatment

- Complete the following for all grease/solids interceptors and attach manufacturer's specifications for all internal and external interceptors.

| <u>Interceptor No. 1</u> | G S O&W | <u>Interceptor No. 3</u> | G S O&W |
|----------------------------|---------|----------------------------|---------|
| Type ¹ | | Type ¹ | |
| Make and Model: | | Make and Model: | |
| Indoor or Outdoor: | | Indoor or Outdoor: | |
| Passive or Automatic: | | Passive or Automatic: | |
| Capacity (gallons or lbs): | | Capacity (gallons or lbs): | |
| Cleaning Frequency: | | Cleaning Frequency: | |
| Location: | | Location: | |

| <u>Interceptor No. 2</u> | G S O&W | <u>Interceptor No. 4</u> | G S O&W |
|----------------------------|---------|----------------------------|---------|
| Type ¹ | | Type ¹ | |
| Make and Model: | | Make and Model: | |
| Indoor or Outdoor: | | Indoor or Outdoor: | |
| Passive or Automatic: | | Passive or Automatic: | |
| Capacity (gallons or lbs): | | Capacity (gallons or lbs): | |
| Cleaning Frequency: | | Cleaning Frequency: | |
| Location: | | Location: | |

¹ G-Grease, S-Sand, O&W-Oil & Water

- How do you dispose of the waste after cleaning the device?

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Trash | <input type="checkbox"/> Recycle |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other |

- Please provide contractor's information that is responsible for cleaning.

Contractor: _____
 Address: _____
 Phone Number: _____

Contractor: _____
 Address: _____
 Phone Number: _____

- Are there any additives placed in the plumbing or within the grease interceptor (i.e. enzymes, bacteria, etc)? Yes/No
- If you answered yes to question above, please attach a Material Safety Data Sheet (MSDS) for this application.