



**APPLICATION TO INSTALL AND/OR DISCHARGE VIA A GREASE TRAP / INTERCEPTOR**

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Representative: Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Provide the Following Information:**

Seating Capacity: \_\_\_\_\_ Hours / Day of Operation: \_\_\_\_\_  
 Expected Servings / Day: \_\_\_\_\_ Circle Service: Breakfast Lunch Dinner  
 # of Expected Peak Hr. Servings: \_\_\_\_\_ Size of Establishment (Sq Ft): \_\_\_\_\_  
 Size of Existing Trap (**Gallons**): \_\_\_\_\_ Building Former Use: \_\_\_\_\_

**Size / Number of Kitchen Units Served by Interceptor:**

<u>Size / number</u> <small>(L x W x D)</small>	<u>Type of unit</u>	<u>Size / Number</u> <small>(LxWxD)</small>	<u>Type of unit</u>
___/___/___( )	Single compartment scullery sink	___/___/___( )	Mop Sink
___/___/___( )	Double compartment scullery sink	___/___/___( )	Oven (ex: wok)
___/___/___( )	Triple compartment scullery sink	___/___/___( )	Other (attach to application)

- **ALL Kitchen Sinks/Wok Ovens etc. used for cleaning and/or food preparation/cooking that discharge to the sanitary sewer must be routed via a grease interceptor. Dishwashers must NOT be connected.**

**Submit with the Application:**

- **\$30.00** origination fee (**check only** - payable to Charleston Water System)
- **Proposed menu. Provide copies of all menus for each proposed service – Breakfast, Lunch, Dinner etc. Grease trap model plan/specifications and a riser/plumbing diagram may be requested later for review. **Please do not submit hard copy plans or proposed grease trap specifications with the application.****

Comments: \_\_\_\_\_

1.	I certify that the above information is correct to the best of my knowledge. Also, I understand that a \$70.00 inspection fee per trap will be charged for each maintenance inspection conducted.
2.	I understand that wastewater change-in-use (impact) fees will need to be assessed by CWS and paid by the customer. Contact the New Development Manager via email at OwensLH@charlestoncpw.com for assessment of potential fee.
3.	I have read, understand, and comply with the CWS Grease Trap and Grease Interceptor Standards. See <a href="http://www.charlestonwater.com/">http://www.charlestonwater.com/</a> .
4.	I understand the limit for fats, oils, and grease is 100 mg/l in water discharged to the CWS.
Date: _____ Owner Signature: _____	

**Submit application to:** CWS - Technical - Engineering Section  
 1256 Supply Street  
 Charleston S.C. 29405  
 Email with Questions to: [WWGreaseTrap@charlestoncpw.com](mailto:WWGreaseTrap@charlestoncpw.com)

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 Approved By: Baker Mordecai

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