



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> (L x W x D)	<u>Type of unit</u>	<u>Size / Number</u> (LxWxD)	<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: _____

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| <ol style="list-style-type: none"> 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 Utilities Services Specialist at (843) 727-7134 for assessment of potential fee. 3. I have read, understand, and comply with the CWS Grease Trap and Grease Interceptor Standards. See http://www.charlestonwater.com/. 4. I understand the limit for fats, oils, and grease is 100 mg/l in water discharged to the CWS. <p>Date: _____ Owner Signature: _____</p> |
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Submit application to: **CWS - Technical - Engineering Section**
1256 Supply Street
CharlestonS.C.29405
Email with Questions to: wastewaterinspectors@charlestoncpw.com