



CITY OF COLUMBIA
DEPARTMENT OF UTILITIES AND ENGINEERING
WASTEWATER COMPLIANCE
FATS, OILS, AND GREASE REGISTRATION APPLICATION

Return form to: Stephen Sealey, Wastewater Compliance Specialist
1200 Simmon Tree Lane
Columbia, SC 29201

MUST BE SUBMITTED WITHIN 30 DAYS

SECTION A – GENERAL INFORMATION

1. FSE (Food Service Establishment) Name: _____

Website (if available): _____

2. Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

3. Mailing Address (if different from item 2. above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

4. FSE Owner or Authorized Applicant: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
5. FSE contact (if different from item 4. above): _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
6. Water and Sewer Account Holder Contact: _____
Water/Sewer Account Number: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

SECTION B – FACILITY OPERATIONAL CHARACTERISTICS

1. Please describe type(s) of food service activities performed at this location: _____

2. Provide a set of plumbing drawings or sketches, including floor plans and riser diagrams, and a site plan showing the location of the sewer discharge(s) and the location of any exterior grease interceptors. Drawings or sketches must have sufficient enough detail to show the location of all kitchen equipment and plumbing fixtures with drains, floor drains, sewer connections, and all grease traps and interceptors.
3. What is the seating capacity of FSE: _____
4. What are the days and hours of operation: _____

SECTION C – TREATMENT

1. Type and number of grease traps or interceptors:
 _____ Interceptor (OUTDOOR) _____ Trap (INDOOR) _____ None
2. Complete the following for each **INDOOR** grease trap:
 - a. Make and Model: _____
 Location (kitchen, under sink, etc.): _____
 Capacity of grease removal device (in gallons): _____
 - b. Make and Model: _____
 Location (kitchen, parking lot, etc.): _____
 Capacity of grease removal device (in gallons): _____
3. If the **INDOOR** grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?
 - Trash
 - Contractor disposes of grease
 - Recycle
 - Other explain: _____

4. Complete the following for each **OUTDOOR** grease trap:

c. Material (i.e. concrete, fiberglass, etc.): _____

Location (kitchen, parking lot, etc.): _____

Capacity of grease removal device (in gallons): _____

5. If a contractor(s) cleans the **INDOOR or OUTDOOR** grease removal device(s), please list the following:

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

6. Do you use any additives in the plumbing system, grease interceptor, or grease trap (i.e. enzymes, bacteria, etc.?)

Yes

No

7. If yes to question 6 above, please complete the following table and attach a MSDS sheet for each product:

| LOCATION | ADDITIVE NAME | ADDITIVE FREQUENCY |
|-----------------|----------------------|---------------------------|
| | | |
| | | |
| | | |

8. PROVIDE A COPY OF YOUR MENU WITH THIS APPLICATION.

Authorized Representative Statement:

I certify that I have received and read Part 29 & Part 30 of the City of Columbia's Department of Utilities & Engineering Standard Specifications and I understand that all food service establishments must have compliant grease removal devices installed and in proper working order prior to discharging into the City of Columbia sanitary sewer system.

I further certify that, to the best of my knowledge and belief, this application contains accurate information about my facility and that it was completed under my direction and with my approval. I am aware that providing false information or violating the aforementioned specifications could result in termination of my water and/or sewer service and revocation of my permitted water and/or sewer capacity for this facility.

I also understand that if my water and/or sewer service is terminated or my registration is revoked that I will have to re-pay and/or re-apply for water and sewer service with the City of Columbia.

Name: _____

Title: _____

Signature: _____ Date: _____

FOR CITY USE

Application complete: Yes_____ No_____

Date of pre-permit inspection: _____

Registration to be approved [] Denied []

Explanation for denial: _____

Date: _____ Application Reviewer: _____

REGISTRATION NUMBER: _____