



Department of Utility Operations – WW Compliance
1200 Simmon Tree Lane | Columbia, SC 29201 | (803) 476-0882

**WASTEWATER COMPLIANCE
FATS, OILS, AND GREASE REGISTRATION APPLICATION**

Return form to: Wastewater Compliance - Fats, Oils, and Grease Program
1200 Simmon Tree Lane
Columbia, SC 29201

MUST BE SUBMITTED WITHIN 30 DAYS of receipt _____

SECTION A – Food Service Establishment – General Information

The information provided below shall be utilized by the City’s digital compliance tracking software (Swift Comply) for FSE compliance and record keeping. Contact Information is required to include email addresses.

FSE Name: _____

Address: _____
City: _____ State: SC Zip Code : _____

Phone Number: _____ Alternate Phone Number: _____

Website (if available): _____ FSE Email Address: _____

FSE Responsible Party (will receive all correspondence to include enforcement notices):

Name: _____
 Owner of FSE Manager of FSE Owner of Property Property Management Company

Title: _____

Phone Number: _____ Email : _____

Account Information for FSE:

Water and Sewer Account Holder Contact: _____

Phone Number: _____

Water/Sewer Account Number: _____

SECTION B – FACILITY OPERATIONAL CHARACTERISTICS

Seating: _____ Hours of Operation: _____

Required documentation: MENU TO BE INLCUED, SEATING PLAN TO BE INCLUDED,

SECTION C – Grease Control Device

Type and number of grease traps or interceptors:

_____ Interceptor (OUTDOOR) _____ Trap (INDOOR) _____ None
Indicate how many units are associated with your FSE.

Complete the following for each **INDOOR** grease trap:

Unit 1. Make and Model: _____

(unknown is not an acceptable response)

Location Description (kitchen, under sink, etc.): _____

Capacity of grease removal device (in gallons): _____

Unit 2. Make and Model: _____

Location (kitchen, under sink, etc.): _____

Capacity of grease removal device (in gallons): _____

If more than 2 units please inform the City or include an additional page with the above information for each unit.

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

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

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

Capacity of grease removal device (in gallons): _____

Service Provider information:

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

If the **INDOOR** grease trap is being maintained by the FSE on-site, how do you dispose of the waste after cleaning the trap? **SUBMITTAL OF THE CLEANING PROCESS IS REQUIRED IF BEING SELF CLEANED**

Trash

Contractor disposes of grease

Recycle

Other explain: _____

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

Yes

No

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

LOCATION	ADDITIVE NAME	ADDITIVE FREQUENCY

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 _____
(to include Menu, seating plan, and self-cleaning process is applicable)

Date of permit inspection: _____

Registration to be approved [] Denied []

Explanation for denial: _____

Date: _____ Application Reviewer: _____

REGISTRATION NUMBER: _____