



WASHINGTON SUBURBAN SANITARY COMMISSION
FATS, OILS, AND GREASE PROGRAM FOOD SERVICE ESTABLISHMENT
WASTEWATER DISCHARGE PERMIT APPLICATION
 WWW.WSSCWATER.COM



Name of Facility			
Name of Owner		Phone	
Name of Manager		Phone	
Mailing Address			

WSSC Account Number: From water/sewer bill. May be obtained from landlord if landlord pays the water bill.

--	--	--	--	--	--	--	--	--	--

WSSC Customer Service Address: From water/sewer bill.
 May be obtained from landlord if landlord pays the water bill)

Landlord/Property Manager Name and Phone

Type of Facility

<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Convenience Store
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store		

Seating Capacity		Hours of Operation:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of Employees									

Types of Fixtures (check all that apply)

<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	3-compartment sinks	<input type="checkbox"/>	Tilt Kettles	<input type="checkbox"/>	Wok Ranges
<input type="checkbox"/>	Grills	<input type="checkbox"/>	2-compartment sinks	<input type="checkbox"/>	Garbage Grinders	<input type="checkbox"/>	Pre-wash sinks
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	1-compartment sinks	<input type="checkbox"/>	Dishwashers	<input type="checkbox"/>	Mop sinks
<input type="checkbox"/>	Rotisserie	<input type="checkbox"/>	Hot Dog Roller				

Types of Grease Abatement (check all that apply)	Quantity	Serviced By
<input type="checkbox"/> Outside Volume Based Interceptor		Name of Pumper/Hauler:
<input type="checkbox"/> Passive (Manual) Grease Trap		<input type="checkbox"/> Self <input type="checkbox"/> Hauler Name:
<input type="checkbox"/> Mechanical Grease Removal Device		<input type="checkbox"/> Self <input type="checkbox"/> Hauler Name:
<input type="checkbox"/> Unknown/ Other		<input type="checkbox"/> Self <input type="checkbox"/> Hauler Name:

Name of Waste Fryer/Vegetable Oil Hauler	Gallons of Waste Fryer/Vegetable Oil Picked Up by Hauler	Frequency of Pick Up

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete. I am aware that if a permit is issued, I am responsible for payment of an annual discharge fee according to WSSC's most recent schedule of approved fees and charges.

Owner/Authorized Representative (print):	Title:
Signature:	Date:

Application Due Date:

If you have any questions while completing this form, please call the WSSC Fats, Oils, and Grease Unit at 301-206-8575.