



GENERAL INSTRUCTIONS

WSSC FSE/FOG DISCHARGE PERMIT APPLICATION

All Food Service Establishments (FSE) having the *potential* to discharge fats, oils, and grease (FOG) must apply to WSSC for an FSE Wastewater Discharge Permit. The establishments may include restaurants, cafeterias, grocery stores, hotel kitchens, church kitchens, school kitchens, bars, or any other commercial or industrial operation that could discharge food-related wastewater. **Even if one is sure there will be no discharges or no items with FOG, an application is required regardless.** Note also that a valid Montgomery or Prince George's County Health Department Permit usually must also be obtained prior to discharge. **Return the completed application to the Permit Services Section of WSSC via the form's instructions.**

FSE FOG DISCHARGE PERMIT APPLICATION PRINT OR TYPE VERY CLEARLY:

NAME OF FACILITY - REQUIRED; Use the name from your business license and/or Health Dept. License.

NAME OF OWNER - REQUIRED; May be a Corporation but list the full name.

PHONE - NECESSARY

NAME OF MANAGER - REQUIRED; May be the same as owner or the person to oversee daily activities

PHONE - NECESSARY

MAILING ADDRESS - Use the services address on the business or HD License if there is no other mailing address

WSSC ACCOUNT NUMBER - If known, otherwise use "Unknown"

WSSC CUSTOMER SERVICE ADDRESS - Use the service address/actual physical location

LANDLORD PROPERTY MANAGER AND PHONE – List "same" if property owner is business owner

TYPE OF FACILITY – Check one box; if check other, write explanation.

SEATING CAPACITY – Can be actual or estimated; if estimated precede number with "E"

NUMBER OF EMPLOYEES – Can be actual or estimated; if estimated precede number with "E"

HOURS OF OPERATION – Can be actual or estimated; if estimated precede number with "E"

TYPES OF FIXTURES – Check all that are known; check off at least one type of sink known

TYPES OF GREASE ABATEMENT - Check all that are known, otherwise write "Unknown"

SERVICED BY: If known, otherwise user "Unknown"

NAME OF WASTE FRYER/OIL HAULER – If known, otherwise use "Unknown"

OWNER/AUTHORIZED REPRESENTATIVE - REQUIRED **TITLE - REQUIRED**

SIGNATURE – REQUIRED **DATE -** Date submitted

If known, add the **COUNTY AND/OR HEALTH DEPT PERMIT NUMBER** at the bottom.



WASHINGTON SUBURBAN SANITARY COMMISSION
FATS, OILS, AND GREASE PROGRAM FOOD SERVICE ESTABLISHMENT
WASTEWATER DISCHARGE PERMIT APPLICATION/RECORD
 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.

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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:

County Health Dept. ID Number (if known):

County Permits Division Application Number (if known):

If you have any questions while completing this form, please call the WSSC Permit Services Section at 301 206 4003.
RETURN COMPLETED FORM TO WSSC PERMIT SERVICES SECTION VIA EMAIL, FAX OR MAIL:
EMAIL- #PSUSupervisors@wsscwater.com FAX: 301 206 8624 MAIL: 14501 SWEITZER LN; LAUREL MD 20707