



Wastewater Discharge Permit Application FATS, OIL & GREASE

Facility Information

Name of Facility _____

Address _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

Location (if different than address)

Owner Information

Name of Owner _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

Contact Information

Primary Contact _____

Title _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

Alternate Contact _____

Title _____

Telephone No. _____ Fax No. _____

E-Mail Address _____



Type of Facility (check one)

- Full Service Restaurant Fast Food Take out Facility
 School Cafeteria Other Cafeteria Food Preparation
 Food Packager Meat Processor Convenience Store
 Auto/Truck Repair Oil Change Center Car Wash
 Other, please specify _____

Seating Capacity _____

Days/Hours of Operation _____

Number of Shifts _____

Number of Employees per Shift: 1st _____ 2nd _____ 3rd _____

Average Wastewater Discharge Rate (gallons per day) _____

Grease Interceptor/Oil and Grit Separator Information

Device #1

Type (circle one) Grease Interceptor Oil and Grit Separator

Location _____

Size (gallons) _____ Service Frequency _____

Device #2

Type (circle one) Grease Interceptor Oil and Grit Separator

Location _____

Size (gallons) _____ Service Frequency _____

Use additional sheets if more than 2 devices and submit copies of any other information regarding the interceptor or separator, such as drawings, cut sheets, etc.

Also, please submit a facility plumbing plan showing all equipment, facilities, and other devices such as garbage disposals, interceptor location, etc. and their discharge points to the sanitary sewer. The plan can be a simple schematic similar to the example shown on the attachment, or an engineer's plumbing drawing.

Hauler Information



724 | 776 | 4806 
724 | 776 | 6199 
CranberryTownship.org 

Name of Hauler _____

Address _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

*****Please attach a copy of latest Manifest*****

Disposal Information

Briefly describe the disposal methods for fats, oils and grease, and, if applicable, complete the information regarding the establishment at which it is disposed:




Name of Establishment _____

Address _____

Telephone No. _____ Fax No. _____

E-Mail Address _____



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724 | 776 | 6199 
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This permit application is to be signed by an authorized representative of your facility after adequate completion of the form and in accordance with the following certification:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I understand that this statement is subject to penalties applicable under law pursuant to 18 Pa. C. S. Sec. 4904 (unsworn falsification to authorities).”

Company Representative (printed)

Title

Signature

Date

Please Mail completed form to:

Cranberry Township
2525 Rochester Road
Cranberry Township, PA 16066

Attn: Kevin Kaplan, Industrial Pretreatment Administrator

Or please feel free to email a copy to:

Kevin.Kaplan@CranberryTownship.org