

INSTRUCTIONS FOR COMMERCIAL WASTEWATER PERMIT APPLICATION

1. Commercial wastewater application must be filled out by owner, or Georgia registered agent of the commercial waste generator.
2. **SECTION - 1**
Facility Information – name of the facility; contact name for facility, such as owner, operating manager or designated personnel for facility location.

Mailing Address – state **SAME** if all mail and important documents are sent to the facility location.

Owner/Corporate Information – owner or corporation responsible for store. **Do not** list the business address or telephone number as owner /corporate information unless this is the corporate location. If the business is owned by a single person, then home address and telephone will be listed here. If the business is owned by a corporation, then list corporate address, contact, and telephone.
3. **SECTION -2**
Commercial Waste Pretreatment System – fill in all information that applies to the type of system that is installed in business
4. **SECTION – 3** - state type of business such as restaurant, church, car/truck wash, school, grocery store, etc. List any previous restaurant names if known and indicate provider of water and sewer service. Facilities with **interior grease traps only**, if additional equipment has been added or renovation has occurred, list new equipment on separate sheet of paper.
5. **SECTION - 4**
Commercial Transporter Service – **the pumping company that cleans the grease trap or oil separator.** The transporter must have a FOG permit number and it must be listed in this section. Request that information from the transporter you select for service.
6. **SECTION - 5**
Grease or Waste Oil Recycle Company – food service facilities will list the company that picks up their fryer grease or waste oil. Car maintenance shops will list the company that picks up their used waste oil from oil changes. If the recycle company is the same vendor that cleans or maintains your grease trap or oil separator, just state **SAME** in this section.
7. Print name and title, sign and date the commercial waste application once you have completed the form. Make sure you read the statement to provide accurate information when completing the commercial wastewater application. **The application must be signed by the owner of the business or the registered business agent. The business agent must be registered in the state of Georgia.** Any applications signed by the registered agent must provide the agents address, telephone number; no P.O. Box addresses are allowed. All signatures must be **original and signed in blue ink**. No faxed or computer generated signatures will be accepted. Please be advised this is a **legal document**. Keep a copy for your records
8. If the commercial wastewater application form is not filled out correctly, it will be returned. No permit will be issued without completing the application. All payments must be in the LGA designated form of payment.

New _____ Existing _____ Drainage Basin _____

2

1. FACILITY INFORMATION:

NAME OF COMPANY : _____ COMPANY CONTACT _____
TELEPHONE NO. () _____ EXT. _____ FAX NO. () _____
ADDRESS _____
ZIPCODE _____ TOWN/CITY _____ STATE _____
EMAIL _____

MAILING ADDRESS: *(if different from above)*

ZIPCODE _____ TOWN/CITY _____ STATE _____

OWNER/CORPORATE INFORMATION:

Name _____ Contact Name _____ Title _____
Telephone: No. () _____ Ext. _____ Fax No. () _____
Address _____ State _____ Zipcode _____

2. COMMERCIAL WASTE PRETREATMENT SYSTEM:

Grease Trap Oil Separator Sand Trap Pumping Frequency _____
System Location: _____ exterior _____ interior Type of system (s) _____

Tank Capacity _____ (exterior) Flow Rate /lbs. _____ / _____ (interior) Number of systems _____

3. TYPE of BUSINESS: *(restaurant, school, car maintenance, .)* _____

Any new kitchen equipment added since business opened? YES ___ NO ___ *(if yes, fill out equipment list if the grease trap is on the interior of business)*

List any previous names of business, if business is less than (2) years old.

1. _____ 2. _____ 3. _____

What county or city provides your water and sewer? *(If your utilities are provided by one jurisdiction, select # 3 and list county or city)*

1. WATER _____ 2. SEWER _____ 3. WATER & SEWER _____

4. COMMERCIAL WASTE TRANSPORTER SERVICE: F.O.G. Permit # _____

COMPANY NAME _____ COMPANY CONTACT _____
ADDRESS _____

5. GREASE/WASTE OIL RECYCLE COMPANY:

COMPANY NAME _____

COMPANY CONTACT _____

ADDRESS _____

ZIP CODE _____

TOWN/CITY _____

STATE _____

Telephone: No. () _____

Ext. _____

Fax No. () _____

How often is recycled grease /oil waste removed? _____

Container Capacity _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system to ensure that the information submitted with the best of my knowledge and belief, is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of citations, fines or imprisonment for known violations.

Print Name _____

Signature _____

Title _____

Date _____

ADDRESS: _____

TELEPHONE NO. _____

Registered Agent: (if applicable) _____

OFFICE USE ONLY

PERMIT FEE \$ _____

DUE DATE: _____

DATE RE'D: _____

CHECK NO: _____

*The permit fee is determined by the type and number of pretreatment systems the generator has on site as stated in LGA records. LGA records are updated annually. If a commercial waste generator disagrees with their permit fee assessment, they can request a site inspection by the LGA for a fee of \$50.00. The \$50.00 fee **will not** be deducted from the annual permit cost.*