



**Grease Trap/Interceptor Discharge Permit Application  
Food Service Establishments**

**Note: Please read all attached instructions prior to completing this application. Grease trap/interceptor discharge permit fee of \$175 must be submitted with the Permit Application (City Council approved Ordinance amending Section 12.5-603 on September 19, 2023; effective October 1, 2023).**

**SECTION A - GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in 1.a., the owner of the property/building?

Yes       No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

\_\_\_\_\_  
\_\_\_\_\_

c. Type of Food Establishment:

Restaurant                                       Convenience Store  
 Bakery     Deli  
 Other (specify) \_\_\_\_\_

d. Type of Ownership:

Sole Proprietor                                       Partnership  
 General     Limited Corporation

e. Legal Property Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

f. Building Permit Number (**For New construction only PB or PO number**)

\_\_\_\_\_

g. Certificate of Occupancy (CO) permit number

\_\_\_\_\_

h. Authorized occupancy load (Maximum number of persons allowed at one time)

\_\_\_\_\_

2. Facility Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Business Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Designated Authorized Signatory of facility:

[Attach similar information for each designated signatory]

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signatory's driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

[Must attach a copy of driver's license to back of permit application]

5. Designated Facility Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signatory's driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

[Must attach a copy of driver's license to back of permit application]

**SECTION B - AUTHORIZED SIGNATURES**

\*Designated Authorized Signatory Statement:

*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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

*\*The Designated Authorized Signatory is the principal officer or manager who has the authority to make changes to operation of the establishment and who has taken the legal responsibility of all actions within the establishment.*

**SECTION C – FOOD ESTABLISHMENT (BUSINESS ACTIVITY)**

- Water Sources: (Check as many as are applicable)
  - Private Well
  - Municipal Water Utility (specify) \_\_\_\_\_
  - Surface Water
  - Other (specify) \_\_\_\_\_
- Account Type:
  - Individual
  - Multi-tenant
- Water service account number(s): \_\_\_\_\_
- Name on water account: \_\_\_\_\_
- If your facility has any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), provide applicable information for business activity.

a. Fixture	b. Total Number	a. Fixture	b. Total Number
<b><i>Example: Three Compartment Sink</i></b>	<b><i>1</i></b>	<b><i>Example: Steam Oven</i></b>	<b><i>1</i></b>
One-compartment Hand Sink		Tilt Skillet/Grill	
Two-compartment Sink		Deep Fat Fryer	
Three-compartment Sink		Convection or Steam Oven	
Pre-rinse Station/Scraper		Chicken Rotisserie	
Food Grinder/Garbage Disposal Unit		Mop Sink	
Pre-rinse Quick Drain		Can Wash	
Vent Hood		Floor Sink	
Commercial Dishwasher		Bar, Pub, Tavern	
Stove Top/Wok/Range		Floor Drain	
Soup/Steam Kettles		Other	

- Daily Average Flow (gallons/day) \_\_\_\_\_ (See instructions for calculations)
- Provide information below regarding nature of operation.

a. Day of Week	b. Number of Meals Served	c. Hours of Operation	d. Hours of Discharge	e. Number of Employees Total	f. Seating Capacity Total
<b><i>Example: Sunday</i></b>	<b><i>1200 meals</i></b>	<b><i>11 am to 1am</i></b>	<b><i>14 hours</i></b>	<b><i>20</i></b>	<b><i>100</i></b>
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

**SECTION D - FLOW SCHEMATIC**

Schematic Flow Diagram - For each fixture activity in which wastewater is or will be generated, draw a diagram of the wastewater flow from the start of the activity to its completion. Number each fixture having wastewater discharges to the wastewater collection system. (See example in instructions).

**SECTION E – OIL & GREASE/OTHER TREATMENT EQUIPMENT**

***\*All food service establishments, existing or new, are required to install an oil & grease/other treatment equipment to minimize grease in the City’s wastewater collection system, in an effort to decrease sanitary sewer overflows\****

1. Is an oil & grease interceptor installed at Permittee’s facility?
  - Yes. Please describe in the table below.
  - No. To be installed, estimated installation date: \_\_\_\_\_  
 Size, location, and pumping frequency must be submitted to Pretreatment Services Division at time of permitting.
  - No. Please proceed to Number 2.

Oil & Grease Interceptors	Size (Gallons)	Pumping Frequency	Location
<i>Example</i>	<i>1000 gallons</i>	<i>Once every 90 days</i>	<i>Behind the Food Establishment on the West Side</i>
Interceptor 1			
Interceptor 2			

2. Does facility use an alternative method of treatment for removing grease?
  - Yes. Please provide a detailed description of the system.  
 \_\_\_\_\_
  - No. Proceed to Number 3.

3. Does facility use biological treatment for removing grease?
  - Yes. Please provide a detailed description of the system.
    - Type of treatment:
      - Bacteria     Enzymes     Solvents     Emulsifier
      - Surfactants     Other (specify): \_\_\_\_\_
    - Please provide information regarding the firm providing alternative treatment service:
      - Company Name: \_\_\_\_\_
      - Address: \_\_\_\_\_
      - City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
      - Telephone: \_\_\_\_\_
      - Email: \_\_\_\_\_
    - Please check the devices with biological treatment application:
      - Grease Trap     Sinks     Floor Drains
      - Other (specify): \_\_\_\_\_
    - Frequency of treatment application: \_\_\_\_\_
    - Dosage amount of treatment application: \_\_\_\_\_
  - No. Proceed to Number 4.

4. Is a sample point to collect wastewater discharge present at permittee's facility?

Yes. Please describe the location.

\_\_\_\_\_

No. To be installed, estimated installation date: \_\_\_\_\_

Sample point installation point location must be submitted to Pretreatment Services prior to opening the establishment for business activity.

**SECTION F-- WASTE DISPOSAL**

1. Please list all waste generated that is disposed of at an off-site location.

Type of Waste Generated	Quantity (per year)	Disposal Method	Disposal Location
<i>Example: Fryolator grease/ grease trap</i>	<i>1000 pounds/ 100 gallons</i>	<i>Reclaim/Treated</i>	<i>ABC Rendering/XYZ processing</i>

If an outside firm removes any of the above wastes, state the name(s) and address(es) of all waste haulers. (Attach additional page if needed).

a. Grease Trap Waste:

Company Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

b. Rendering Grease:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please send correspondence to:  
 Pretreatment Services Division  
 City of Fort Worth Water Department  
 920 Fournier St.  
 Fort Worth, TX 76102  
 Phone: 817.392.5809  
 Fax: 817.392.8566

**GUIDANCE FOR COMPLETING  
GREASE TRAP/INTERCEPTOR DISCHARGE PERMIT APPLICATION**

All questions must be answered. **DO NOT LEAVE BLANKS.** If a question is not applicable, indicate so on the form. Instructions for responding to some questions on the permit application are provided below.

**SECTION A - INSTRUCTIONS (GENERAL INFORMATION)**

1. Enter the facility's official or legal name. Do not use a colloquial name.
  - a. Operator Name: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility.
  - b. Indicate whether the entity which operates the facility also owns it by marking the appropriate box. If the response is "No", clearly indicate the operator's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.
  - c. Type of Food Establishment - Mark what is applicable to your business.
  - d. Indicate type of ownership in the designated box. Mark what is applicable to your business.
  - e. List legal description in the appropriate sections. Mark what is applicable to your business.
  - f. Provide Building Permit Number issued by the Dept. of Development.
  - g. Provide Certificate of Occupancy (CO) Permit Number issued by the Dept. of Development.
  - h. Provide Authorized Occupancy Load (Listed in the CO).
2. Provide the physical location of the facility that is applying for a **Grease Trap/Interceptor** discharge permit.
3. Provide the mailing address where correspondence from the Pretreatment Services Division may be sent.
4. Designated signatory authority of the facility: Provide the name, address, and **driver's license** of the designated authorized signatory who has the authority to sign all reports. The designated signatory is the principal officer or manager who has the authority to make changes to operation of the establishment and who has taken the legal responsibility of all actions within the establishment. Example: Owner, Manager (If it is affiliated with a Corporation, a designation letter from the corporation must be submitted with the permit application). ***Please attach a copy of driver's license to permit application.***
5. Designated Facility Contact: Provide the name, address, and **driver's license** of the contact person who is familiar with the day to day operations of the establishment. ***Please attach a copy of driver's license to permit application.***

**SECTION B - INSTRUCTIONS (AUTHORIZED SIGNATURES)**

See instructions for question 4 in Section A, for a definition of an authorized representative.

## SECTION C – FOOD ESTABLISHMENT (BUSINESS ACTIVITY)

1. Water Sources - Mark the water source applicable to your business.
2. Account Type - Mark the account type applicable to your business.
- 3 & 4. Water service account number & Name on water account:  
Enter Customer Water Account information, if you are a tenant, you must obtain this information from property owner.
5. If your facility have any of the categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), provide applicable information for business activity (check all that apply). If you have any questions regarding how to categorize your business activity, **contact Pretreatment Services for technical guidance.**
  - a. Fixture – any component or fixture of a food establishment or activity that generates or has the potential to generate waste or wastewater that enters or potentially may enter the wastewater collection system, e.g., ice machines, dishwashers, coffee makers, wash sinks, mop sinks, employee hand wash sinks, mixers, washing machines, floor drains, walk in coolers, any equipment cleaning and/or washing operations, or any other component or apparatus that generates wastewater.
  - b. Total Number – List total number of components or fixtures, e.g., floor drains – 9; dishwasher – 2; mop sinks – 2, etc.
6. Daily Average Flow is calculated by using the formula below:

$$\text{Daily Average Flow} = \frac{\text{(Water usage in CCF per month*)} \times 100 \times 7.48^{**}}{\text{(Number of days of actual operation per month)}}$$

**OR**

$$\text{Daily Average Flow} = \frac{\text{(Water usage in Cubic Feet per month)} \times 7.48^{**}}{\text{(Number of days of actual operation per month)}}$$

\* Fort Worth Water Department water bills are tabulated in hundred cubic feet (CCF)

\*\* 7.48 is a conversion factor for changing cubic feet to gallons

### **Example:**

$$\text{Daily Average Flow} = \frac{(88.7 \text{ CCF}) \times 100 \times 7.48}{\text{(Number of days of actual operation)}} = 3,015 \text{ gallons per day}$$

**OR**

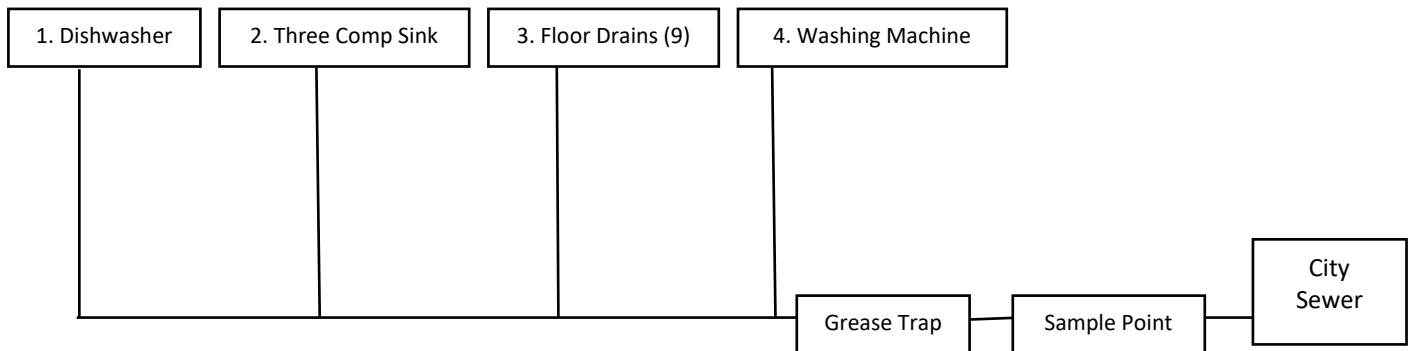
$$\text{Daily Average Flow} = \frac{(8,870 \text{ cubic feet}) \times 7.48}{\text{(22 days of actual operation)}} = 3,015 \text{ gallons per day}$$

**(If you provide a copy of the water bill, Pretreatment Services can assist you in calculating the total average flow in gallons/day)**

7. Provide information regarding nature of operation.
  - a. Day of Week – List applicable data for each week day.
  - b. Number of Meals Served – List approximate number of meals served during the course of a routine business day.
  - c. Hours of Operation – List hours the food establishment is opened for a typical business day.
  - d. Hours of Discharge – Indicate number of hours the facility typically discharges for a typical business day.
  - e. Total number of employees – List total number of employees that work at the establishment on a full-time or part time basis, include employees from all shifts if applicable.

## SECTION D - FLOW SCHEMATIC

Schematic Flow Diagram - For each fixture activity in which wastewater is or will be generated, draw a diagram of the wastewater flow from the start of the activity to its completion. Number each fixture having wastewater discharges to the wastewater collection system. (See Example in Instructions).



## SECTION E – OIL & GREASE / OTHER TREATMENT EQUIPMENT

1. Describe the size and pumping frequency and location for each oil and grease interceptor.
2. This section is used to gather information for treatment other than traditional interceptor. Provide information if facility use an alternative method of treatment for removing grease. For Example, a mechanical grease trap.
3. This section is used to gather information if the establishment uses biological treatment for removing grease:
  - a. Type of treatment - Mark/describe what is applicable to your business.
  - b. Please provide information regarding the company providing biological treatment services.
  - c. List of devices with biological treatment application - Mark/describe what is applicable to your business.
  - d. Frequency of application - Describe what is applicable to your business.
  - e. Total amount of application - Describe what is applicable to your business.
4. Describe the location of the sample point to collect the wastewater discharge. (If sample point is not located at the establishment, make arrangements to install a sample point and provide Pretreatment Services with an expected installation date.)
5. For wastes not discharged to the Control Authority's sewer, indicate types of waste generated, quantity generated, the way in which the waste is disposed (e.g., hauled, etc.), and the location of disposal.



## SECTION F – WASTE DISPOSAL

1. Please list all wastes generated that are disposed of off-site, including type, quantity per year, disposal method and location of disposal.
2. If an outside firm removes any of the above wastes, state the name(s) and address(es) of all waste haulers. (Attach additional page if needed.)
  - a. Grease Trap Waste: Note that only transporters holding a valid permit issued by the City of Fort Worth's Pretreatment Services Division may remove material from a grease or grit trap within the City of Fort Worth. You must provide company information and their Fort Worth permit number.
  - b. Rendering Grease: A rendering grease transporter collects waste for which a permit is not normally required, e.g., cooking grease, discarded food material, or similar wastes. You must provide their company information.

Please send the correspondence to:  
Pretreatment Services Division  
City of Fort Worth Water Department  
920 Fournier St.  
Fort Worth, TX 76102  
Phone: 817.392.5809  
Fax: 817.392.8566