



Little Patuxent Water Reclamation Plant
8900 Greenwood Place
Savage, Maryland 20763
410-313-1227
410-313-1207 (FAX)

**Subject: Regulation of Oil, Grease and Food Related Waste
Discharges to the Public Sewerage System**

Dear Food Service Facility Owners and Managers:

Food Service Facilities have the potential to discharge oil, grease, and other food related wastes into the public sewerage system. Over time these discharges plug the sewers and cause back-ups. The sewage then overflows to the nearest outlets, which could be on a road, in your restroom, or in someone else's basement. When this happens, costs of clean-up, damages, and repairs can be significant depending on where the sewage overflows. Health and other environmental problems can also arise. Your cooperation in preventing blockages in the sewers will prevent unnecessary costs, public health problems, and environmental damages.

Howard County Code Section 18.122A, "Regulation of Discharges to the Public Sewerage System," requires wastewater discharge permits for new and existing businesses that have the potential to discharge obstructive waste such as oil, grease, and food related wastes to the public sewerage system. Attached is an application form for a wastewater discharge permit for your establishment. Please complete the application form and send this within 15 days from receipt. I will then return to verify the information on your application, discuss the conditions of the permit, and issue the official permit to your establishment. Please note that the individual who signs the application is an authorized representative of the establishment, such as a manager or owner. This individual will be the County's contact for future communication with your establishment and will be responsible for complying with the conditions of the permit.

If you have any questions or need any additional information, please feel free to call me.

**Sincerely,
Gregory Sherman
Pretreatment Coordinator
410-313-1227**



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Application/Renewal for Wastewater Discharge Permit

Name of Facility:	
Facility Address:	
Phone Number:	Fax Number:
E-Mail Address:	
Name of Owner of Establishment:	
Mailing Address of Owner:	
Name of Resident Agent:	
Address of Resident Agent:	
Resident Agent Phone Number:	Resident Agent Fax Number:
Resident Agent E-Mail Address:	

Does this business own or rent this building? Own Rent

If you rent this property:

Property Owner's Name: _____

Type of Facility:	<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop
	<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Day Care
	<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store	<input type="checkbox"/>	Other

Seating Capacity: _____

For Shared Meter Accounts Only

Best Time for Inspection: _____

Sq. Ft. of Food Service Facility: _____

Number of Employees: _____

Total Sq. Ft. of the Building: _____

Types of Fixtures (Check All That Apply)

<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	Dishwashers	<input type="checkbox"/>	2-Compartment Sink	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Grills/ Ovens	<input type="checkbox"/>	3-Compartment Sink	<input type="checkbox"/>	Tilt Kettles/ Wok Ranges	<input type="checkbox"/>	Pre-Wash/ Mop Sink

Type Grease Device Used

<input type="checkbox"/>	Outside Grease Interceptor	Gallons:	Hauler Name:
<input type="checkbox"/>	Indoor Grease Trap	Gallons:	Hauler Name:

Grease Tap/Interceptor Cleaning Schedule to be implemented: _____

CERTIFICATION

To the best of my knowledge, I certify that the above information is true, complete and accurate.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ **DATE:** _____

Water Sewer Account Number: _____	Wastewater Permit Number: _____ -R
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