



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:

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.

- Name of facility – Required; Use the name from your business license and/or health department license.
- Phone Number – Necessary.
- Email Address – Necessary.
- Name of Owner – Required; May be a corporation, but must list the full name.
- Management Company Information – List "same" if property owner is business owner.
- Type of Facility – Check one box; if other, please write explanation.
- Hours of Operation – Can be actual or estimated.
- Types of Fixtures – Check all that are known.
- Type of Grease Device – Check all that are known; otherwise check "unknown".
- Hauler Name – If known, otherwise write in "unknown"
- Self Cleaning – If you do not use a hauler service and clean your grease device "in house" check the box provided
- Cleaning schedule – The frequency that your hauler company services and/or cleans your grease device
- Print Name – Required
- Signature – Required
- Date – Date submitted

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

Sincerely,  
**Gregory Sherman**  
Pretreatment Coordinator  
410-313-1224



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## Application/Renewal for Wastewater Discharge Permit

<b>Name of Facility:</b>	
<b>Facility Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>E-Mail Address:</b>	
<b>Name of Owner of Establishment:</b>	
<b>Mailing Address of Owner:</b>	
<b>Name of Management Company:</b>	
<b>Address of Management Company:</b>	
<b>Management Company Phone Number:</b>	
<b>Management Company Fax Number:</b>	
<b>Management Company E-Mail Address:</b>	

Does this business own or rent this building?  Own  Rent

If you rent this property:

Property Owner's Name: \_\_\_\_\_

<b>Type of Facility:</b>	<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

<b>Hours of Operation</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Number of Employees: \_\_\_\_\_

Square Footage of Facility: \_\_\_\_\_

**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
<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Hot Dog Roller	<input type="checkbox"/> Pizza Roller	

**Type Grease Device Used**

<input type="checkbox"/> Outside Grease Interceptor	Gallons: _____	Hauler Name: _____
<input type="checkbox"/> Indoor Grease Trap	Gallons: _____	Hauler Name: _____
<input type="checkbox"/> Automated Grease Removal	Gallons: _____	Hauler Name: _____
<input type="checkbox"/> No Hauler (Self Cleaning)		

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Water Sewer Account Number: \_\_\_\_\_

Wastewater Permit Number: \_\_\_\_\_ -R