



YORK SEWER DISTRICT



SECTION D – BEST MANAGEMENT PRACTICES

Best Management Practices (BMP's) should be implemented by the permittee to protect your facility from clogs and to better protect our waterways and beaches. More information on BMP's is available in the FOG section of the York Sewer District (YSD) website: <https://www.yorksewerdistrict.org/commercial>

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and affirm that 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. I certify that upon approval of the permit, this establishment's operation and its resultant wastewater discharge will achieve consistent compliance with the York Sewer District's Regulations for Governing the Use of Public and Private Sewers and applicable federal, state and local wastewater discharge requirements.

Signature of Applicant _____ Date _____

Please be aware that per the York Sewer District's Regulations, the District has the right to inspect the facility at any time, with or without prior notice, to ensure that all requirements of this FOG Ordinance and all other Federal, State, and local wastewater discharge requirements are being met.

THIS SECTION TO BE COMPLETED BY YORK SEWER DISTRICT STAFF

Date of Inspection: _____

Parties Present for Inspection: _____

Grease Trap / Interceptor properly installed with all parts? Yes No

If "No," what is the issue? _____

Are all fixtures properly hooked to the Trap / Interceptor? Yes No

If "No," what is the issue? _____

Is the information provided on the Trap(s) / Interceptor(s) correct? Yes No

If "No," have corrections been made? _____

GREASE PRODUCTION

Menu Type: _____ Grease Factor Group A B C D

Capacity of Trap / Interceptor in lbs. _____

IN SEASON

Grease Factor per Meal _____ x _____ # of Meals per Day = _____ **Total lbs. of Grease / Day**

Based on Grease Produced and Capacity, Cleanings are required _____ Daily Weekly Monthly

OFF SEASON

Grease Factor per Meal _____ x _____ # of Meals per Day = _____ **Total lbs. of Grease / Day**

Based on Grease Produced and Capacity, Cleanings are required _____ Daily Weekly Monthly

Acceptable Permit Conditions? Yes No Fee Paid? Yes No

Signature of the YSD Representative _____ Date _____

ACCEPTANCE OF PERMIT

I acknowledge and accept the required operation and maintenance schedule of the grease trap/interceptor as stated above and will comply with these requirements as a condition of this permit. This permit is valid for one (1) year from the date of acceptance.

Signature of Permittee _____ Date _____