Application for Grease Trap Permit
Belgrave Water Pollution Control District

APPLICANT INFORMATION:

Applicant Name: _____ ☐ Owner or ☐ Lessee of

Company Name/Affiliation (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Fax: _____

SITE INFORMATION:

Name of Facility: _____

Site Address: _____

City: _____ Zip Code: _____ Town/Village: _____

Section: _____ Block: _____ Lots: _____

Estimated Opening Date: _____

Estimated Amount of Discharge: _____ Gallons per Day Hours of Operation: _____

LICENSED PLUMBER INFORMATION:

Company Name: _____

Licensed Plumber's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax: _____ Contact: _____

License Number: _____ Issuing Number: _____

PERMIT TYPE:

☐ New Installation
☐ Change of Use
☐ Alter or Replace

FOR DISTRICT USE ONLY

Application Received by: _____ Date: _____

Investigated by: _____ Date: _____

Building Permit, from Town or Village of: _____ Date: _____

Inspection ID # _____ Issued by: _____ Date: _____

Work Inspected by: _____ Date: _____

BELGRAVE WATER POLLUTION CONTROL DISTRICT

PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION WILL BE SUBJECT TO THE FOLLOWING CONDITIONS:

1. THE INSTALLER SHALL ABIDE BY ALL PROVISIONS OF THE ORDINANCES, RULES AND REGULATIONS, AND STANDARD SPECIFICATIONS AND DETAILS OF THE BELGRAVE WATER POLLUTION CONTROL DISTRICT.
2. THIS PERMIT SHALL NOT RELIEVE THE PERMITTEE OR INSTALLER FROM OBTAINING ANY ADDITIONAL PERMITS REQUIRED BY LAW, ORDINANCE, OR REGULATION OF NEW YORK STATE, NASSAU COUNTY, TOWN OF NORTH HEMPSTEAD OR INCORPORATED VILLAGE.
3. THE PERMITTEE SHALL MAINTAIN THE BUILDINGS SEWER LATERAL TO THE SEWER MAIN INCLUDING THE CONNECTION TO THE SEWER MAIN.
4. ALL WORK MUST BE PERFORMED IN THE PRESENCE OF A BELGRAVE WATER POLLUTION CONTROL DISTRICT REPRESENTATIVE AND NO WORK SHALL BE COVERED PRIOR TO INSPECTION AND ACCEPTANCE BY THE DISTRICT.
5. SHEETING AND SHORING IS REQUIRED ON ALL TRENCHES GREATER THAN 5 FEET IN DEPTH PER OSHA/REGULATORY REQUIREMENTS.
6. POINT OF CONNECTION SHALL BE DETERMINED BY THE BELGRAVE WATER POLLUTION CONTROL DISTRICT.
7. PERMIT MUST BE KEPT ON THE PREMISES, AVAILABLE FOR EXHIBITION AT ALL TIMES DURING THE CONSTRUCTION OF THE WORK AND SHALL BECOME VOID UNLESS THE CONNECTION IS MADE WITHIN THIRTY (30) DAYS FROM THE DATE OF ISSUANCE. NO REFUND WILL BE MADE FOR PERMITS ISSUED AND NOT USED WITHIN THE GIVEN TIME FRAME.
8. THE PERMITTEE SHALL NOTIFY THE DISTRICT IMMEDIATELY IN THE EVENT OF ANY ACCIDENT, CHANGE OF CONDITIONS OR OTHER OCCURRENCE THAT OCCASIONS DISCHARGE TO THE STREET SEWER. FAILURE TO COMPLY WITH THIS CONDITION SHALL VOID THIS PERMIT.
9. CESSPOOLS, SEPTIC TANKS OR OVERFLOW POOLS ARE NOT ALLOWED TO BE PUMPED, DRAINED OR DISCHARGED INTO THE STREET SEWERS. ABANDONED CESSPOOLS, SEPTIC TANKS OR OVERFLOW POOLS ARE TO BE PUMPED OUT AND BACKFILLED WITH CLEAN FILL IN ACCORDANCE WITH NASSAU COUNTY HEALTH DEPARTMENT REQUIREMENTS.
10. THE DISTRICT MAKES NO WARRANTY WITH REGARD TO THE LOCATION OF THE BUILDING LATERAL OR POINT OF CONNECTION. THE LOCATION OF THE AFOREMENTIONED SHALL BE THE SOLE RESPONSIBILITY OF THE PERMITTEE.
11. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.
12. THE PERMITTEE WILL BE RESPONSIBLE FOR ANY COSTS INCURRED BY THE DISTRICT RESULTING FROM THE ACTIONS OF THE PERMITTEE OR HIS CONTRACTOR(S) WHILE PERFORMING WORK UNDER THIS PERMIT. SHOULD THE SCOPE OF THE PROPOSED WORK REQUIRE REVIEW OF PLANS AND/OR ON SITE INSPECTION BY THE DISTRICT, THE COST OF THIS WORK WILL BE THE RESPONSIBILITY OF THE PERMITTEE. THE DECISION AS TO WHETHER THE CONSULTANT'S SERVICES ARE REQUIRED WILL BE MADE SOLELY AT THE DISCRETION OF THE DISTRICT, AND THE PERMITTEE WILL BE SO ADVISED.

THE OWNER OR LESSEE (PERMITTEE) AND THE LICENSED PLUMBER OR APPROVED CONTRACTOR, (INSTALLER) HAVE READ THE ABOVE CONDITIONS AND ALL OF THE RULES AND REGULATIONS OF THE BELGRAVE WATER POLLUTION CONTROL DISTRICT COMPLETELY AND THOROUGHLY. THESE CONDITIONS WILL GOVERN THE INSTALLATION AND OPERATIONS OF THE SANITARY SEWER BY THE PERMITTEE AND APPEAR ON THE FACE OF THE PERMIT WHEN ISSUED. THE PERMITTEE AND LICENSED PLUMBER OR APPROVED CONTRACTOR WILL BE HELD LEGALLY RESPONSIBLE FOR THE ADHERENCE TO ALL OF THESE CONDITIONS, AND ALL ORDINANCES, RULES, AND REGULATIONS OF THE DISTRICT.

OWNER

Name: _____ Date: _____

Signed: _____ (If Not Individual Owner, Give Title) _____

_____

Address of Owner or Lessee | City of Owner or Lessee | State of Owner or Lessee | Zip Code of Owner or Lessee | Telephone No.

PLUMBER OF CONTRACTOR

Name: _____ Date: _____

Signed: _____
Licensed Plumber

_____

Address of Owner or Lessee | City of Owner or Lessee | State of Owner or Lessee | Zip Code of Owner or Lessee | Telephone No.

DISCHARGE INTO ANY BUILDING SEWER OR PORTION OF THE WASTEWATER FACILITIES OF THE DISTRICT OF STORMWATER, SURFACE WATER, GROUNDWATER, ROOF RUNOFF, SUBSURFACE DRAINAGE, UNPOLLUTED COOLING WATER OR POLLUTED INDUSTRIAL WASTE IS PROHIBITED.

BELGRAVE WATER POLLUTION CONTROL DISTRICT

SUBMITTAL REQUIREMENTS FOR NEW GREASE TRAP AND/OR NEW FACILITY

Check List

1. Complete an application for Grease Trap Permit.

2. Submit complete signed and sealed drawings from an Architect or Engineer, licensed in the State of New York, including the following information. (Note that the following information is required regardless of whether the plumbing system is new or existing).

   a. Restaurant/facility seating capacity.

   b. Restaurant/facility hours of operation.

   c. Proposed plan showing location of the proposed grease trap flow control valve and all fixtures connected to the proposed grease trap.

   d. Proposed sanitary plumbing riser diagram.

   e. Manufacturer's catalog cuts for proposed grease trap and flow control valve including manufacturer's model number, physical dimensions and capacity. Proposed grease trap must be PDI certified.

   f. Manufacturer's catalog cuts and physical dimensions (LxWxD) of all fixtures connected to the proposed grease trap.

   g. Internal Grease Trap Sizing Calculations: Note, as a minimum, grease trap shall be sized using the "PDI" method which calculates the required grease trap flow rate based on 75% of the net fixture volumes with a one minute drain time (See Below Grease Trap Sizing Calculations).

      Also, note that each floor drain connected to the grease trap requires an additional 1 gpm be added to the required grease trap capacity.

Internal Grease Trap Sizing Calculations
PDI Method

Steps	Formula	Example
1	Determine volume of fixture(s) by multiplying length x width x depth.	A sink 48" long by 24" wide by 12" deep. Volume = 48" x 24" x 12" = 13,824 in^3.
2	Determine capacity in gallons. 1 gallon = 231 in^3.	Volume in gallons = 13,824 in^3/231 in^3/gal = 59.8 gallons.
3	Determine actual drainage load. The fixture has a normal displacement of 25% for items being washed so drainage load is 75% of capacity.	Actual drainage load 59.8 gal x 0.75 = 44.9 gallons.
4	Calculations to be based on a 1 minute drainage period.	44.9 gal/1 min = 44.9 gpm.
5	Select proper grease trap.	44.9 gpm requires a 50 gpm grease trap.