



## Rock River Water Reclamation District

3501 Kishwaukee Street  
P.O. Box 7480  
Rockford, IL 61126-7480

815.387.7400  
Fax: 815.387.7538

### GENERAL INDUSTRIAL/COMMERCIAL WASTEWATER DISCHARGE PERMIT

To Whom It May Concern:

In July 2003, the Rock River Water Reclamation District (District) developed a Fats, Oils and Grease (FOG) and Sanitary Sewer Overflow (SSO) Prevention Program in response to a requirement imposed by the Illinois Environmental Protection Agency. The purpose of this program is to reduce sanitary sewer overflows and backups in the sanitary sewer system. In order to ensure compliance with this requirement, the District requires grease separation devices in sources that are deemed possible contributors.

In order to establish the above program, the District's Board of Trustees adopted Ordinance 04/05-0-04 amending Title 2 of the District's Code of Ordinances. This Ordinance authorizes issuance of permits to food service establishments who are required to install separators as set forth in Title 2, Article II, Section 8 of the District's Code of Ordinances.

Therefore, the enclosed permit application must be submitted to the District **prior to opening**. The resulting General Industrial/Commercial Wastewater Discharge Permit for Food Service Establishments covers a three-year period and requires you to service the grease control device on a regular basis and to keep records of all service for a period of three years. The records must be available on site for inspection by District personnel. A fee of \$275 will be assessed to process the permit application. You have the option of submitting the fee with the application or waiting for an invoice, which will be sent to you after the application is processed.

Please be aware that failure to submit the permit application by the deadline shall be considered a violation of the ordinance and will be cause for enforcement action to be taken against your facility. Enforcement actions can include a citation carrying a \$100 fine, water service shutoff, sewer disconnection, a lien filed against the property, and/or penalties of up to \$1,000 per day.

If you have any questions regarding your permit, please contact Nancy Sisson at 815-387-7633 or [NSisson@rrwrddst.il.us](mailto:NSisson@rrwrddst.il.us).

Sincerely

A handwritten signature in black ink, appearing to read "Larry D. McFall".

Larry D. McFall  
Plant Operations Manager

NRS  
Enc.



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## GENERAL INDUSTRIAL/COMMERCIAL WASTEWATER DISCHARGE PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENTS (FSE)

### SECTION I GENERAL INFORMATION

FOR INTERNAL USE ONLY:	
NEW	RENEWAL
PERMIT NO.:	
EXPIRATION DATE:	
ACCOUNT #:	
LUC:	

A. Company Name: \_\_\_\_\_

B. Location of facility discharging wastewater (Permit Location):

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Local** Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

C. Correspondence Address (if different from location of facility discharging wastewater).

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Do you consent to the delivery of the permit via email? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Type of Food Service Establishment (fast food, full service, etc.): \_\_\_\_\_

E. Does your company own or rent the building? Own \_\_\_ Rent \_\_\_

If rented, please provide the name and address of the property owner or agent acting for the property owner:

1. Property owner's name: \_\_\_\_\_

2. Property owner's address: \_\_\_\_\_

3. Property owner's phone number: \_\_\_\_\_

- F. Organization of business (sole proprietorship, partnership, corporation)
1. If sole proprietorship, give name or owner and assumed name, if different than the answer to letter A above: \_\_\_\_\_
  2. If a partnership, give names of general partners and assumed name, if different than answer to letter A above: \_\_\_\_\_  
\_\_\_\_\_
  3. If a corporation, give state in which incorporated and the name and address of registered agent: \_\_\_\_\_  
\_\_\_\_\_

## SECTION II WASTEWATER DISCHARGE INFORMATION

- A. Hours of operation, including prep and cleanup: \_\_\_\_\_
- B. Number of employees: \_\_\_\_\_
- C. Seating capacity: \_\_\_\_\_
- D. Average number of meals or customers served per day: \_\_\_\_\_
- E. Grease control and disposal information: District Ordinance requires outdoor interceptors to be pumped every 120 days or more frequently, as needed, to prevent the carryover of oil and grease into the collection system. Under the sink grease traps shall be cleaned once per month or more often, as necessary, to prevent pass through of grease and other food solids to the collection system. At no time shall the combined measured level of solids and grease layer exceed 25% of the holding capacity of the interceptor (25% rule).

Records of grease separator/interceptor maintenance are required to be kept for a period of two years at the permitted location and will be reviewed during on site inspections. If an outside service used, the shipping paper can serve as the record. If the maintenance is performed in house, then a log must be created and kept. The log must show the date of cleaning, who performed the work, and how the material from the grease trap was disposed.

Provide the following information regarding your grease control device: (This refers to the grease control device attached to the 3-compartment or other sinks. It does not refer to fryer grease disposal).

1. Separator/Interceptor Type: \_\_\_\_\_, Size: \_\_\_\_\_
2. Grease separator/interceptor cleaned by:
  - a. \_\_\_ Inside staff (using buckets or a wet/dry vacuum)
  - b. \_\_\_ Outside service (if yes, complete c below)
  - c. Grease waste hauler information:  
 Company name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_
3. How often is the grease separator/interceptor cleaned? \_\_\_\_\_
4. Where are the cleaning or pumping records located on site? \_\_\_\_\_  
 \_\_\_\_\_
5. Describe the method of disposal for cooking oils such as those used in deep fryers: \_\_\_\_\_
6. Provide information below regarding the company that cleans or services the exhaust hoods and filters for the facility:

Name	Address	Phone No.

F. Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS APPLICATION CAN NOT BE PROCESSED UNLESS THE CERTIFICATION STATEMENT IS SIGNED ON THE BACK OF THIS PAGE.**

SECTION III  
CERTIFICATION AND SIGNATURE

I/We have personally examined and are familiar with the information submitted in this application. Moreover, based on my/our inquiry of those individuals immediately responsible for obtaining the information reported herein, we believe that the submitted information is true, accurate, and complete.

As Owner/User, I also understand that should the type of food service activity change because of additions, expansions, or deletions, I am to report such changes to the Rock River Water Reclamation District – Plant Operations Department (815) 387-7633.

Signed:

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title