

## GREASE AND SOLIDS INTERCEPTOR PERMIT APPLICATION

**Directions to Applicant:** Application (three pages) must be accompanied by both plans (as indicated in Item Nos. 1 and 2), and an **Application Fee** in the amount of **\$300** made payable to the Town of West Warwick. This is a one-time fee for processing and reviewing your application. If you have any questions, please call **(401) 822-9228**.

Send application, plans and application fee to:

West Warwick Sewer Commission  
Regional Wastewater Treatment Facility  
1 Pontiac Avenue  
West Warwick, RI 02893

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

Owner's Address: \_\_\_\_\_

Name of Sewer User: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

City/Town: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title of Signing Official: \_\_\_\_\_

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***FOR OFFICIAL USE ONLY***

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<u>Application Fee Paid</u>	<u>Application Approved</u>
Date: _____	Date: _____
Signed: _____	Signed: _____
(Certification by Director of Administration)	(Certification by Pretreatment Coordinator)

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To the Town of West Warwick:

The undersigned being the \_\_\_\_\_ of the property  
(Owner, Lessee, Tenant, etc.)

located at: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Plat)

\_\_\_\_\_  
(Lot)

\_\_\_\_\_  
(City/Town)

does hereby request a permit to install and operate a grease/solids interceptor serving the:

\_\_\_\_\_  
(Name of User)

which company is engaged in: \_\_\_\_\_  
\_\_\_\_\_ at said location.

1. A plan of the property showing accurately all sewers and drains now existing is attached hereunto as Exhibit "A".
2. Plans and specifications covering any work proposed to be performed under this permit is attached hereunto as Exhibit "B". THIS IS TO INCLUDE MAKE, CAPACITY AND PLACEMENT OF ALL INTERCEPTOR(S) PROPOSED TO BE INSTALLED.

The name and address of the person or firm who will perform the work covered by this permit is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In consideration of the granting of this permit, the undersigned agrees:

To operate and maintain all interceptor(s) as may be required as a condition of the acceptance into the public sewer of the wastewater involved, in an efficient manner at all times, and at no expense to the Town.

To accept and abide by all provisions of Ordinance for residential, commercial, and industrial users of the Water Pollution Control Facility of the Town of West Warwick, and

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of all other pertinent ordinances or regulations that may be adopted in the future.

To cooperate at all times with the Superintendent, Pretreatment Coordinator and their representatives in their inspecting and sampling of the facility.

4. The permittee must inform the Wastewater Treatment Facility twenty-four (24) hours in advance of the commencement and completion of any work to be performed (401-822-9228).

The following indicated fixtures will be connected to the proposed interceptor(s):

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5. Provide Kent County Water Authority Water Meter I.D. Number: \_\_\_\_\_

Meter Reading: \_\_\_\_\_ Date: \_\_\_\_\_