Reduced Grease Trap Cleaning Frequency Application

Applicants seeking approval from the Director of Austin Water Utility to reduce the grease trap cleaning frequency requirement from every three months to a less frequent schedule must be in compliance with Chapter 15-10 of the Austin City Code, and must be able to show that they are currently:

1. Completely removing all fat, oil or grease waste, or other liquid waste, semi-solid or solid and residue from the grease trap when the grease trap is cleaned;

2. Cleaning the grease trap the earlier of:
   a. Every three months; or
   b. When 50 percent or more of the wetted height of the grease trap, as measured from the bottom of the grease trap to the invert of the outlet pipe, contains grease and solids; and

3. Disposing of the waste removed from the grease trap according to applicable local, state, and federal regulations.

The applicant must meet the following pre-conditions for the site where the grease trap is located before a reduction in grease trap cleaning frequency request will be considered:

1. The site is permitted as an industrial user by the Director of Austin Water Utility;

2. The current grease trap installed has been approved by the Director of Austin Water Utility;

3. The grease trap has been installed according to applicable code requirements as amended by the City of Austin;

4. The grease trap is structurally sound with all features in proper working order according to manufacturer specifications;

5. All required plumbing fixtures discharge into the grease trap;

6. The amount of grease and solids after a three month period does not exceed 50 percent of the wetted height of the trap;

7. There is no verifiable history of grease trap waste-related wastewater line maintenance problems either caused by the discharge from the applicant’s site or in conjunction with the discharges from other users in the collection system located immediately downstream of the applicant; and,

8. There is no historical data indicating that the applicant has exceeded the 200 mg/L Fat, Oil and Grease (FOG) limit within the last two years or since the date the discharge commenced if the applicant has been at this site for less than two years.

Revised December, 2006
Procedures:

1. Contact the Water and Wastewater Special Services Division at 972-1060 to determine if you are eligible for a reduction in the grease trap cleaning frequency.

2. Complete the attached application and submit it to the Special Services Division at the following address:

   City of Austin
   Special Services Division
   3907 South Industrial Drive #100
   Austin, TX  78744-1070

   Telephone: (512) 972-1060
   Fax: (512) 972-1260

3. Once your application has been reviewed, a Pretreatment Compliance Specialist from the Special Services Division (SSD) will contact you in order to let you know if you are still eligible for consideration. If you are still eligible, the Pretreatment Compliance Specialist (Specialist) will schedule an initial inspection of your grease trap. You will be asked to set a date and time to have your grease trap completely cleaned by a licensed hauler so that an inspection can be conducted when the grease trap is emptied. During the inspection, the Specialist will inspect and measure the dimensions and wetted height of the emptied grease trap; inspect and possibly dye test the site to determine the number, size and types of drains and fixtures that contribute waste to the grease trap; locate and inspect the sample port. You will be asked a series of questions pertaining to practices and procedures conducted at your site that may impact the quality and quantity of waste being discharged. This initial inspection will also serve as the baseline for determining the accumulation of solids and grease during the 3-month period.

4. Three months after the initial inspection is conducted, the Specialist will contact you and schedule a return visit to your site in order to measure the amount of grease and solids that have accumulated in the grease trap and to collect an FOG sample. The Specialist will review the results from this inspection, sample and approve or reject the application for the reduced cleaning frequency.

5. The Specialist will contact you and schedule a return visit to your site at about the time when your proposed alternate cleaning frequency comes due. During this inspection, the Specialist will measure the amount of grease and solids that have accumulated in the grease trap and collect an FOG sample. The Specialist will review the results from this inspection and sample and approve in writing if you have been allowed to clean your grease trap at the proposed reduced pump out frequency.

6. Authorization by the Director to clean your grease trap at a reduced frequency (i.e., less often than every three months) may be forfeited if the reduced cleaning frequency contributes to or causes a violation of Chapter 15-10.

Revised December, 2006
Reduced Grease Interceptor Cleaning Frequency Application

Provide the following information as requested. Note that a separate application must be submitted for each grease trap.

Business Name: ________________________________________________________________

Service Address: _______________________________________________________________

Mailing Address: ________________________________________________________________

Contact Person: ________________________________________________________________

Phone: ___________________________ Fax: ________________________________

Type of Business: ______________________________________________________________
(e.g., Restaurant, Bakery, Deli, School, etc.)

Indicate whether the activities contributing waste to the grease trap are:

[ ] Continuous throughout the year, or

[ ] Seasonal - If seasonal, indicate the months of the year during which this activity occurs:
   [ ] January [ ] April [ ] July [ ] October
   [ ] February [ ] May [ ] August [ ] November
   [ ] March [ ] June [ ] September [ ] December

Comments: ________________________________________________________________

____________________________________________________________________________

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Revised December, 2006
Does operation shut down for vacation, maintenance, or other reasons for more than 30 days (If yes, indicate reasons and period when shutdown occurs):

[ ] Yes [ ] No

Comments: ____________________________________________
______________________________________________________
______________________________________________________

Please provide the number of kitchen fixtures currently on site and submit an updated kitchen plumbing plan for this facility.

3- Compartment Sink _____ 2-Compartment Sink _____
1- Compartment Sink _____ Food Preparation Sink _____
  Hank Sink _____ Mop Sink _____
  Floor Sink _____ Floor Drain _____
  Dishwasher _____ Disposal _____
  Wok Stove _____ Other ( _____________ ) _____

Volume of grease trap (gallons): ________________________ [ ] Actual [ ] Estimate

Wetted height of trap at outlet side (inches): _______________ [ ] Actual [ ] Estimate

Attach copies of the manifests used to document the cleaning and proper disposal of your grease trap waste for the previous two years, or inception of discharge if site is less than two years old.

Application Request:

I ________________________________ (Authorized Representative) request that ________________________________ (Business Name) located at ________________________________ (Service Address) be granted a reduced pump out frequency of the grease trap to a frequency of at least one pump out every ____________ months.
The Authorized Representative designated as a signatory authority for this facility must complete and sign this application. The Authorized Representative must be a person having legal responsibility for the overall operation of the discharging facility.

**Certification Statement:** (To be signed by the Authorized Representative)

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted, and 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, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative: __________________________________________

Signature: __________________________________________

Title: __________________________________________

Date: __________________________________________

Address: __________________________________________

City: ___________________________ State: _____________ Zip: __________

Phone: ___________________________ Fax: ___________________________