

Grease Control Device (GCD) Cleaning Frequency Variance Request Form

| Applicant/Owner: | Phone: | | | | |
|---------------------------------------|----------------------------|-------------------|------------------|----------------|--|
| Food Service Establishment (FS | E):Email: | | | | |
| FSE Address: | | | | | |
| | | | | | |
| Existing GCD: Make and Mode | l: | | 🗆 Unknown | n NA | |
| ☐ Interior GCD gpr | n/lbs. | | ☐ Unknown | n NA | |
| ☐ Exterior GCDgpn | n/lbs. or _ | gallons | ☐ Unknown | n NA | |
| Certified Grease Hauler Company Name: | | | □Approved | to *Self-Clean | |
| Current Cleaning Frequency: _ | | | | | |
| Last Date Cleaned: | | | | | |
| Grease Produced (lbs.) | | | | | |
| Menu Type (<i>Table 1</i>): | 2. Grease Factor <i>(T</i> | able 1):3. | Average Meals Pe | r Day: | |
| | Complete | e the table below | | | |
| Grease Storage Capacity | • | 30 days | 60 days | 90 days | |
| Grease Produced (lbs.) | | | | | |

[Grease Factor x Average Meals Per Day = Daily FOG Loading]
[Daily FOG Loading x Number of Days (30/60/90) = Grease Produced]

Additional Documentation Required:

- Submit photo documentation of GCD empty of all contents.
- Submit cleaning log for the most recent 6-month period. The cleaning log must include the Total Depth, FOG, and Settled Solids measurement in inches to verify device has not exceeded 25% FOG.
- Approval letter for self-cleaning, if applicable.

JUSTIFICATION FOR CLEANING VARIANCE REQUEST

Section 5C of the HRSD FOG BMP outlines the required cleaning frequency for GCDs.

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| Provide a brief explanation of the reason for this request (i.e., changes to hoperation/seasonal hours, flatware use, meals per day, limited food prep, kitchen BM | |
|--|--|
| Attach any additional supporting documentation. | |
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Approval by HRSD does not represent an agreement to deviate from any other FOG management practices or discharge prohibitions set forth in the HRSD Industrial Wastewater Discharge Regulations. If granted, the variance may be vacated by HRSD if conditions on which it is based are substantially changed or it is found that the business/facility is discharging significant quantities of FOG to the sanitary sewerage system.

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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, including the possibility of fine and imprisonment for knowing violations.

| Applicant Signature _ | | Date: |
|-----------------------|--|-------|
| | *Signature must match applicant on page one. | |

Submit the completed form to p3data@hrsd.com along with all other required documentation Subject "Attention FOG". Approval will be sent in writing

For questions, contact Amanda Albright at 757-460-7024 or aalbright@hrsd.com