



Grease Control Device (GCD) Cleaning Frequency Variance Request Form

All questions shall be completed, enter N/A if the question does not apply. Applications and supporting documentation shall be sent to p3data@hrsd.com with "attention FOG" in the Subject line.

Date: _____

Physical Business Name: _____
Food Service Establishment (FSE) Name

Name: _____
Applicant Title/Relationship to FSE

Telephone Number: _____ Email: _____

FSE Physical Address: _____

CORPORATE / BUSINESS MAILING ADDRESS:

Business Name: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____
Phone E-MAIL

JUSTIFICATION FOR CLEANING VARIANCE REQUEST

Required Cleaning Frequency

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

Justification:

Provide a brief explanation of the reason for this request (i.e. seasonal hours of operation, new GCD installation, flatware use, meals per day, limited food prep, kitchen BMPs, etc.). Attach any additional supporting documentation.

GCD INFORMATION

- Submit Appendix A: Grease Control Device Sizing and Selection Worksheet of the Hampton Roads Regional Technical Standards for Grease Control Devices (HRRTS).
- Submit Appendix B: Alternate Grease Control Device Approval Request of the HRRTS, if applicable.
- Submit photo documentation of GCD empty of all contents
- Submit cleaning log verifying measurements for %FOG content of the GCD prior to cleaning to be under 25% grease and solids of the overall volume for at least six (6) months.

GCD location: _____
i.e. include; in floor vs above, kitchen vs outside, be specific as possible.

GCD serviced by: _____

current clearing frequency: _____ last date cleaned: _____

approximate date of GCD installation: _____

Kitchen Use:

Month/Year _____ Days/Week _____ Hours/Day _____

Any seasonal closures for four (4) or more consecutive weeks? Yes No

You will be notified in writing of HRSD’s decision regarding this request. 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 _____

*Signature must match applicant on page one.

To submit this form and supporting documentation or should you have any questions please contact Amanda Albright at 757-460-7024 or p3data@hrsd.com.