



Grease Control Device (GCD) Cleaning Frequency Variance Request Form

Applicant/Owner: _____ Phone: _____

Food Service Establishment (FSE): _____ Email: _____

FSE Address: _____

Existing GCD: Make and Model: _____ Unknown

Interior GCD _____ gpm/ _____ lbs.

Exterior GCD _____ gpm/ _____ lbs. or _____ gallons

Certified Grease Hauler Company Name: _____

Approved to Self-Clean

Current Cleaning Frequency: _____

Last Date Cleaned: _____

Grease Produced (lbs.) Use Grease Factor Table (Appendix D)

Menu Type: _____ Grease Factor: _____ Average Meals Per Day: _____

Complete the table below.

Grease Storage Capacity	Daily Loading	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.
- Approval letter for self-cleaning, if applicable.

Justification for Request

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., changes to hours of operation/seasonal hours, flatware use, meals per day, limited food prep, kitchen BMPs, etc.). Attach any additional supporting documentation.

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

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, approval 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 that this document and all attachments were prepared under my direction and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

Applicant Signature _____ Date: _____
*Signature must match applicant on page one.