



## APPLICATION FOR REDUCED CLEANING FREQUENCY GREASE TRAP/INTERCEPTOR

You must answer all questions. If an item does not pertain to your location, mark not applicable (N/A) for that question. Please note that a separate application must be submitted for EACH GREASE TRAP/INTERCEPTOR.

Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) of Owner or Responsible Party: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Onsite Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

(e.g., Restaurant, Bakery, Deli, School, Grocery, Other)

Note: if "Other", indicate what type of business is involved)

Indicate whether the activities contributing waste are:

Continuous throughout the year or  Seasonal:

If Seasonal, list the months in which activity occurs: \_\_\_\_\_

Operating Days:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours: \_\_\_\_\_

Comments: \_\_\_\_\_

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Please provide the number of kitchen fixtures currently on site and indicate if each is connected (C) to the grease trap or not connected (NC) to the grease trap:

#				#			
_____	3-Compartment Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Wok Stove	<input type="checkbox"/> C	<input type="checkbox"/> NC
_____	2-Compartment Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Food Preparation Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC
_____	1-Compartment Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Mop Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC
_____	Hand Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Floor Drain	<input type="checkbox"/> C	<input type="checkbox"/> NC
_____	Floor Sink	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Disposal or Grinder	<input type="checkbox"/> C	<input type="checkbox"/> NC
_____	Dishwasher	<input type="checkbox"/> C	<input type="checkbox"/> NC	_____	Other _____	<input type="checkbox"/> C	<input type="checkbox"/> NC

Volume of grease trap (gallons): \_\_\_\_\_

Actual                       Estimate

Capacity of Grease trap: (in gallons): \_\_\_\_\_

Location of grease trap: \_\_\_\_\_

If the grease trap is located inside, is a flow reducing device installed on the inlet side of the trap?  YES     NO

Is there a sampling port installed?     YES     NO

**Application Request**

The Authorized Representative designated as a signatory authority for this facility, must complete and sign this application. The Authorized Representative must be a person that has legal responsibility for the overall operation of the discharging facility and must meet the definition contained in the City of Temple Code of Ordinances, Sec. 38-93.

I, \_\_\_\_\_ (Owner or Responsible Party), request that  
\_\_\_\_\_ (Business Name) located at \_\_\_\_\_

(Service Address) be granted a reduced grease trap cleaning frequency of at least one pump out every \_\_\_\_\_ days.

**Certification Statement (must be signed by Authorized Representative)**

I certify and affirm, under penalty of law, that this Application and all attachments to the Application were prepared under my direction or under my 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 in this Application, including the possibility of fine and imprisonment for knowing violations of the law.

Name of Entity: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this completed application and required supporting documents to:

Environmental Programs  
3210 E. Avenue H, Bldg A #117  
Temple, TX 76501  
Email: FightFOG@templetx.gov