



**City of Modesto – Utilities Department  
Environmental Compliance Section  
Wastewater Discharge Survey Form /  
Grease Interceptor Waiver Request Application**



**Please submit application to:**

City of Modesto Water Quality Control Facility  
Environmental Compliance Section  
1221 Sutter Avenue  
Modesto, CA 95351  
(209) 577-6200 (209) 577-6290 fax

Have you initiated a project through Building Safety?  Yes  No

If yes, date plans submitted: \_\_\_\_\_ Name of assigned plan checker? \_\_\_\_\_

If no, date this will be initiated: \_\_\_\_\_ \*\*this application cannot be processed without plans\*\*

**Please note: submitted plans must contain the facility plumbing diagrams indicating the location of all facility sewer connections, grease removal devices, sinks, floor drains, dishwashers, restrooms, etc.**

Have you spoken to an Environmental Compliance Inspector regarding this facility?  Yes  No

If yes, who did you speak to? \_\_\_\_\_

Please fill out application completely. Incomplete applications will not be considered. If you have any questions or concerns, please contact the Environmental Compliance Section.

**Please choose one description that best describes your facility (check one):**

- New Food Service Establishment
- Modification to Existing Food Service Establishment
- Change of ownership

**Facility Information:**

1. Facility Name \_\_\_\_\_
2. Facility Street Address \_\_\_\_\_
3. Facility Mailing Address \_\_\_\_\_
4. Designated Facility Contact  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_
5. Company/Owner Contact  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_
6. Property Owner (if different than facility owner contact)  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Facility Operational Characteristics:**

1. Choose one description that best describes your facility (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fast Food Restaurant    | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Nursing Home      |
| <input type="checkbox"/> Drive through (only)    | <input type="checkbox"/> Concession Stand        | <input type="checkbox"/> Hotel/Motel       |
| <input type="checkbox"/> Coffee Shop             | <input type="checkbox"/> Bakery                  | <input type="checkbox"/> Supermarket       |
| <input type="checkbox"/> Religious Institution   | <input type="checkbox"/> School/College          | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Company/Office Building | <input type="checkbox"/> Ice Cream Shop          | <input type="checkbox"/> Hospital          |
| <input type="checkbox"/> Caterer                 | <input type="checkbox"/> Convenience Store       | <input type="checkbox"/> Bar/Lounge        |
| <input type="checkbox"/> Meat Market             | <input type="checkbox"/> Produce Market          | <input type="checkbox"/> Cafeteria         |
| <input type="checkbox"/> Other _____             |  |  |

2. Describe the type of food served (**attach copy of menu**): \_\_\_\_\_

3. Indicate each item that is currently installed or will be installed and the quantity of each:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Grill                | <input type="checkbox"/> Oven                  | <input type="checkbox"/> Dishwasher      |
| <input type="checkbox"/> Pre-rinse/spray sink | <input type="checkbox"/> Mop sink              | <input type="checkbox"/> Deep fryer      |
| <input type="checkbox"/> Floor drains         | <input type="checkbox"/> Tilt kettle/crock pot | <input type="checkbox"/> Hand Sink       |
| <input type="checkbox"/> Three bay sink       | <input type="checkbox"/> Two bay sink          | <input type="checkbox"/> Single bay sink |
| <input type="checkbox"/> Garbage disposal     | <input type="checkbox"/> Chinese Wok/cooker    | <input type="checkbox"/> Other           |

4. Service Method (check applicable):  Washable plates  Disposable plates/baskets  Carry-out

5. Seating capacity of this facility: \_\_\_\_\_

6. Estimated average meals per day: \_\_\_\_\_

7. Complete the hours of operation for each day that your facility will be open:

Monday _____	Tuesday _____	Wednesday _____
Thursday _____	Friday _____	Saturday _____
Sunday _____		

**Existing Fats, Oils, Grease (FOG) Treatment:**

1. Is there currently a grease removal device at this facility?  Yes  No

2. If yes, complete the following and attach manufacturer's specifications for all devices:

- a. Make and Model \_\_\_\_\_  
Capacity (gal) \_\_\_\_\_ or (lbs.) \_\_\_\_\_  
 Passive or  Automatic (check one)  
 Indoor or  Outdoor (check one)  
Cleaning frequency \_\_\_\_\_  
Location \_\_\_\_\_  
(under 3-bay sink, in basement, outside in ground, etc.)

b. Make and Model \_\_\_\_\_  
Capacity (gal) \_\_\_\_\_ or (lbs.) \_\_\_\_\_  
 Passive or  Automatic (Check one)  
 Indoor or  Outdoor (Check one)  
Cleaning frequency \_\_\_\_\_  
Location \_\_\_\_\_  
(under 3-bay sink, in basement, outside in ground, etc.)

3. If the INDOOR grease removal device (trap) is being maintained onsite, how do you dispose of the waste after cleaning the device (circle one)?

Trash       Contractor disposes of grease       Recycle       Other \_\_\_\_\_

4. If a contractor(s) cleans the INDOOR or OUTDOOR grease removal device(s), please list the following:

a. Contractor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

b. Contractor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**If requesting a waiver from the City of Modesto Grease Interceptor Requirement, please complete the following section:**

1. Are you requesting to install/use a grease trap instead of a grease interceptor?  Yes  No  
If yes, what capacity? \_\_\_\_\_ lbs.       pre-existing or  new install (check one)

**or**

Are you requesting to install/use an outdoor grease interceptor smaller than the minimum size required by the Modesto Municipal Code?  Yes  No      If yes, what capacity? \_\_\_\_\_ gal.

**or**

Are you requesting to forgo all types of grease removal devices?  Yes  No

2. The justification for this request is based on: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Representative Statement:**

I hereby certify that the above information is accurate. I acknowledge that changes in cooking methods, volumes and hours of operations will require re-application and possible increase in the size or type of grease removal device. I certify the grease trap will be cleaned in accordance with manufacturer specifications a minimum of once per week or more frequently, if necessary and at least once every three months for outdoor grease interceptors or more frequently, if necessary. I certify that all staff will use best management practices as pertaining to disposal and handling of fats, oils, and grease (FOG). I acknowledge that the required cleaning frequency can be modified at any time by the City of Modesto Environmental Compliance Section.

In addition, I understand that, if this application is approved, I will be required to do the following:

1. Establish a routine cleaning schedule of the grease trap or interceptor.
2. Maintain a log of grease trap cleaning and/or copies of grease interceptor pumping and maintenance, to be kept on site for at least three (3) years and made available for inspection and/or copies furnished upon request by the City of Modesto Environmental Compliance Section.
3. Train employees on best management practices to prevent fats, oils, and grease from entering the City of Modesto sanitary sewer system.

Furthermore, I understand that, if this waiver is approved to install a grease trap, a solids interceptor shall be installed prior to the grease trap (MMC 5-6.317(b)).

I understand that additional equipment and maintenance steps may be required if:

1. The information and plans, as submitted, are changed.
2. The use of the site is changed.
3. The grease trap/interceptor is not maintained as agreed to.

In the event that an inspection indicates that FOG has been discharged into the City of Modesto sanitary sewer system from this facility, I understand that the City may revoke this conditional waiver and require a larger grease removal device to be installed at the owner's expense.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_