



FREDERICK

DPW OPERATIONS

Fats, Oil and Grease (FOG) Control Program Grease Trap Self-Cleaning Authorization Request

Industrial Pretreatment Program • 111 Airport Drive East • Frederick, MD 21701 • Phone: 301-600-2979 • Fax: 301-600-6245 • email: tcool@cityoffrederickmd.gov

1. Business Name: _____ Address: _____

2. Grease trap dimensions: Length (ft.) _____ Width (ft.) _____ Depth (ft.) _____

3. Grease trap size (gallons): _____ (formulas: L x W x D= volume cubic feet
Volume cubic feet x 7.48= gallons)

4. Describe in detail the step-by-step method of how the grease trap is cleaned.

5. Describe where each type of grease trap waste is disposed.
Top Layer (grease/floatable solids): _____
Middle Layer (grey water): _____
Bottom Layer (settled solids): _____

By signing this request for grease trap self-cleaning authorization, you are agreeing to:

1. Train the employees that will be cleaning the grease trap on proper cleaning procedures and grease disposal;
2. Unless otherwise authorized or required by the Superintendent, properly remove grease and floatable solids at least once every seven days and properly remove the entire grease trap contents when the accumulation of FOG and settled solids reaches 25% of the grease trap's overall liquid depth or at least once every 30 days;
3. Collect FOG from the grease trap in a water tight container to be disposed of by a Frederick County permitted liquid waste hauler, an oil recycler or any other approved disposal methods;
4. Adhere to all the requirements of the FOG Control Program and the FOG Control Wastewater Discharge Permit; and
5. Acknowledge that violations of the Industrial Pretreatment Ordinance or the FOG Control Permit incurred by the facility listed above performing grease trap self-cleaning may be subject to enforcement actions and the facility will be required to hire a Frederick County permitted Liquid Waste Hauler to perform grease trap maintenance for the remaining duration of the FOG Control Permit.

Certification Statement

This statement must be signed by the authorized designated signatory of the facility.
"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 inquire of the person or persons who manage the system, or those 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."

Authorized Representative (Print name): _____

Authorized Representative Signature: _____ **Date:** _____