



Water Utility Services

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F.O.G Maintenance Schedule Variance Request Application

The following information is required in order to obtain a variance from recommended pumping frequency requirements for Grease, Septage, Grit or Oil & Grease Removal Systems. Return signed application to the address listed below.

Business Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____

Description of current maintenance frequency: _____

Name of company evacuating or transporting grease waste from separation device:

Fixture Inventory (attach list if needed):

Mop Sink _____ 3 Compartment Sink _____ Hand Sink _____ Dishwasher _____

Garbage Disposal _____ Floor Drains _____

Maintenance or cleaning Frequency Variance Requested: _____

Specific reasons for variance request: _____

I affirm that I have read Ordinance (Chapter 26 Div. 4, Sec. 26-271 to 26-275) and have determined that quarterly pumping of the grease interceptor is unnecessary in order to maintain compliance. I am submitting a request for a variance and have received, read, and understand the document titled Rules and Requirements for Variance to Scheduled Maintenance Requirement for Grease Separation Device. Furthermore, I understand that if there is any evidence that the grease interceptor has been tampered with or cleaned during the variance procedure, the procedure will be null and void, and a new application will be required to restart the procedure. I also understand that the City of Waco has the right to discontinue the variance study at any time should the grease separation device discharge adversely affect the sanitary sewer collection system and/or treatment works.

I understand that any request for variance is considered and implemented under the discretion of the City of Waco and can be denied for any reason that is consistent with the language of the ordinance. By signing this document, I am agreeing to the pumping schedule set after variance study is completed, even in the event the City of Waco requires a service schedule greater than current schedule.

Date:

By:

(Current Date)

(Printed Name of Owner/CEO/Owner Agent)

(Signature of Owner/CEO/Owner Agent)

Completed by: _____ Date: _____
Facility Owner/Operator: _____ Date: _____

To be filled out by FOG Department Personnel:

Reviewed By: _____ Approved / Not Approved
Fats, Oils, Grease inspection Yes/No. Restrictions:

