



Water Utility Services

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www.waco-texas.com

F.O.G. Self-Cleaner Application

Under the City of Waco Code of Ordinance Section 26-273(e), to be approved for self-cleaning of a grease trap, the operator of the interceptor must submit an application annually to the City of Waco FOG Program for approval. Only if the application is approved can the operator remove grease from its own trap. Completed applications may be mailed to the address listed above.

Business Name: _____ Business Location: _____

Name of Owner / Manager: _____ Grease trap size (in gallons): _____

Grease trap operator name, title, and phone number: _____

Current maintenance frequency and method (include evidence): _____

Proposed cleaning method: _____

Proposed disposal method for grease removed (include location of disposal): _____

Explanation as to why a variance is needed: _____

Fixture Inventory & Information – check all that apply
(attach additional page if needed to describe all facilities or provide more information)

Mop Sink 3 Compartment Sink Hand Sink Dishwasher Garbage Disposal Floor Drains

Additional information: _____

I affirm that I have read Ordinance (Chapter 26 Div. 4, Sec 26-271 to 26-275) and have determined that self-cleaning of the grease trap located on the premises is sufficient to maintain compliance. I am submitting the F.O.G. Self-Cleaner Application and have received, read, and understand the document titled Rules and Requirements for Variance to Self-Clean Grease Separation Device and take full responsibility for the condition and maintenance of the grease trap. I understand that any request for variance is considered and implemented under the discretion of the City of Waco Water Utilities Department and can be denied for any reason that is consistent with the language of the ordinance. I further understand that upon approval a required a service schedule, possibly greater than once every 30 days, will be set by the City of Waco and that this service schedule must be maintained, documented and produced for inspection.

Owner/Manager Signature: _____ Date: _____

Owner/Manager Printed Name: _____

To be filled out by F.O.G. Department Personnel:

Reviewed by: _____ Date: _____

Inspected by: _____ Date: _____

Approved: Y / N By: _____ Required service schedule: _____

Reason for denial: _____

Other Restrictions/Limitations: _____