

City of Abilene Utilities
Fats, Oil & Grease (FOG) Program
701 E. Hwy 80
Abilene, Texas 79601
Phone: (325) 676-4505
Email: FOG@abilenetx.gov



For Office Use Only

Date Rec'd: _____

Rec'd By: _____

GREASE TRAP/INTERCEPTOR VARIANCE REQUEST FORM

Instructions: Please complete this form to request a grease trap/interceptor installation variance, in accordance with City Ordinance, Sec. 32-402(a)(4). Write "N/A" in any section that does not apply, to expedite processing.

Section A – Contact Information

Business Name: _____

Owner Name(s): _____

Business Address: _____
Street City State Zip Code

Business Phone Number: _____

Mailing Address: _____
Street City State Zip Code

Email Address: _____

Contact Person(s) Authorized to represent this business with City of Abilene Utilities representatives:

Name:	Title:	Phone:	Email:
_____	_____	_____	_____
_____	_____	_____	_____

Section B – Variance Description

Please describe why you are requesting a variance from the standard grease interceptor requirements. For example, if you are requesting a non-standard grease control device or an internal grease trap due to distance requirements, please indicate your request here. If this is for a shell project and the planned use is unknown, please specify here.

Section C- Type of Establishment

If this will be a Food Service Establishment (FSE), what type of FSE? Check the most appropriate choice(s):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Bar/Club/Hotel | <input type="checkbox"/> Coffee/Tea Shop |
| <input type="checkbox"/> Market (Grocery) | <input type="checkbox"/> School Food Program | <input type="checkbox"/> Deli | <input type="checkbox"/> Catering Operation |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Church/Food Pantry | <input type="checkbox"/> Concession | <input type="checkbox"/> Gas/Convenience Store |
| <input type="checkbox"/> Hospital/ Group Residence | <input type="checkbox"/> Daycare | <input type="checkbox"/> Bakery | <input type="checkbox"/> Other: _____ |

Insert FSE business hours below in the following format: 8am to 8pm

If there is a break in the hours you are open, use the second line to insert additional hours.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:	to	to	to	to	to	to	to
Hours:	to	to	to	to	to	to	to

Maximum seating capacity (inside and out): _____

Estimated number of meals served per day: _____

Square Footage of facility: _____

Section D – Kitchen Equipment

What type of tableware (e.g. plates, bowls, cups, flatware) does your facility use? Check all that apply:

- Re-useable / Washable Disposable Both

If your facility has a dishwasher, please indicate the quantity, type and tank capacity:

Quantity: _____ Conveyor Type Door Type Under counter Type Tank Capacity (gal): _____

Does your FSE have any of the following equipment? Check all that apply:

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Deep fryer | <input type="checkbox"/> Boiler | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Hot Grill |
| <input type="checkbox"/> Rotisserie | <input type="checkbox"/> Wok Range | <input type="checkbox"/> Ice Machine (with drain) | <input type="checkbox"/> Warming Table (with drain) |

Section E – Drainage Fixtures

List the number of each type of fixture in your Food Service Establishment and the dimensions of each compartment/sink. Use additional sheets if needed to document all sinks and drains that may receive grease laden wastewater (excluding bathroom fixtures).

Number of 3-compartment sinks: _____

Compartment	Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ($L*W*H$)
1				
2				
3				

Number of 2-compartment sinks: _____

Compartment	Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ($L*W*H$)
1				
2				

Number of Pre-Rinse sinks: _____

Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ($L*W*H$)

Number of Prep sinks: _____

Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ($L*W*H$)

Number of floor sinks and floor drains: _____

Number of mop/utility sinks: _____

List any other sinks/drains in facility (e.g. dump sinks, hand sinks, pitcher rinsers, etc.):

Does your facility have any of the following grease control devices (GCD) already installed?

Inside Grease Trap Grease Sludge Capacity (pounds): _____

Outside Grease Interceptor Liquid Holding Capacity (gallons): _____

If a yes to any of the above, please answer the following questions:

Where is the GCD located? _____

Who cleans/services the GCD? _____

How frequently is the GCD cleaned/serviced? _____

How does your facility dispose of the following?

Solid grease (e.g. grill scrapings, bacon grease, etc.): _____

Liquid grease (fryer oil): _____

Food scrapes: _____

Section F – Food Preparation

Indicate the type of foods prepared on-site and the method of preparation (e.g. baked, fried, grilled etc.):

If you have a deep fryer, how much fryer oil is stored on-site? _____ Gallons

If meats, fish and /or poultry are used, indicate whether it is delivered pre-cooked or prepared and cooked on-site:

Below is a checklist of required information/documentation required to complete the variance request review process. Please ensure all information is included. **Lack of complete information will delay the review process**

- Facility Floor Plan/Equipment Layout
- Plumbing Plans and Schedules
- Site Plan – including wastewater service line location(s)
- Menu and Food Handling/Preparation Procedures

Completed request and required documentation can be submitted via the following:

Email (preferred): FOG@abilenetx.gov

Mail or Drop off: Wastewater Collections
 Attn: FOG Program
 701 E Hwy 80
 Abilene, Texas 79601

Questions?

Call: Tammy Holley @ (325)437-4505
 FOG Program Manager

Typical turn-around time for the Variance Request review process is 10-14 business days