



Submit Completed Form To:
FOG Program Manager
City of Stockton, Municipal Utilities Department
2500 Navy Drive, Stockton, CA 95206

Grease Interceptor Pumping Frequency Variance Application

I, _____ representing _____
(Business Representative's Name) (Title) (Business Name)

(Business Address) (Mailing Address) (Zip Code)

hereby request a variance in the grease interceptor pumping frequency for the business named above as set forth in section 13.40.100 (G)(5) of the Stockton Municipal Code (SMC), *Grease Interceptor Requirements*.

I understand that I am required to submit with this application the following data which has been obtained and validated to warrant a pumping frequency longer than the three (3) month minimum frequency specified in SMC 13.40.100 (G)(2):

DATE INTERCEPTOR PUMPED*	DATE INTERCEPTOR MEASURED*	MEASUREMENT RESULTS (% SOLIDS)*
		%
		%
		%
		%

*Attach copies of all pumping manifests and measurement inspection forms. Measurements must be performed by City of Stockton FOG Program Inspectors. A minimum of two complete grease interceptor pumpings and measurements at consecutive three month intervals are required for this submittal. Pumpings must be performed within three business days following each interceptor measurement.

I understand that I must comply with all other requirements specified in SMC 13.40 (FOG Ordinance) for this variance to remain valid, including the requirement to pump the grease interceptor at any time the solids contents equal 25%, SMC 13.40.100 (G)(2) .

I understand that the variance may be revoked by the Director at any time upon his or her determination that any of the terms or conditions for its issuance have not been satisfied or if the conditions upon which the variance was based have changed so that the justification for the variation no longer exists.

I understand that, should this variance be revoked, I must immediately begin pumping the grease interceptor as specified in SMC 13.40.100 (G)(2), *Grease Interceptor Requirements*.

I understand that this variance is not transferable.

I understand that the person signing this variance application warrants that he or she has or has obtained the necessary consent and authority to execute this variance request and to make this variance request binding upon itself.

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 inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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.

SIGNED (submit original signature) _____ DATE _____

CONTACT PHONE NUMBER _____

Please Do Not Write Below This Line

APPROVED REJECTED

APPROVED GREASE INTERCEPTOR PUMPING FREQUENCY:

ONCE EVERY **FOUR (4)** **FIVE (5)** **SIX (6)** **MONTHS OR 25% SOLIDS, WHICHEVER OCCURS FIRST.**

COS REPRESENTATIVE _____
PRINT SIGNATURE DATE

REASON FOR REJECTION: _____ Doc. #142305