

**San Miguel Community Services District**  
**Application for Fire Safety &**  
**Water/ wastewater Will Serve:**  
**Packet & Information**

1/4/16

Revision 2-3-16

**Fees required at time of application submission: \$1150.00**

**Fee Breakdown as follows:**

1. **A Will Serve Application deposit fee of \$1000.00.**
2. **Fire Safety Review Letter Fee of \$150.00. If the project is over 5000 square feet (sf), an additional fee of \$.025 per sf over 5000 sf will be required.**
3. **Note that additional fees may be due at time of Will Serve Letter, or Fire Safety Letter pickup**

## **Application check list**

### **Information required for all applications:**

Completed Fire ***Safety & Water/ wastewater Will Serve Application***

Items to attach to application:

- 1 Plot Plan  
Construction Plans - 1 Electronic PDF file submitted on disc
- 2 Construction Plans – 1 Complete Full Size Plan Set
- 3 Grant Deed or Lot Book Guarantee
- 4 Initial application fee in the amount of \$1150.00

### **Additional information required for all non-residential applications:**

Completed ***Wastewater Survey Form***

Survey is required for all non-residential applications. A Wastewater Discharge Permit may be required based on the information provided in the Wastewater Survey.

Items to attach to application:

- 1 Submit ***Signature of Receipt*** for all non-residential uses.

Completed ***Wastewater Discharge Permit Application***

All food service and/or processing uses are must obtain a wastewater discharge permit and install grease interceptors. A Wastewater Discharge permit may be required for other uses based on the information provided in the Wastewater Survey.

Items to attach to application:

- 1 Specifications of proposed Grease Trap or Interceptor
- 2 Cut Sheets for proposed Grease Trap or Interceptor
- 3 Submit ***Signature of Receipt*** for all non-residential uses.

## NOTICE TO BUILDERS/CONTRACTORS/HOMEOWNERS

San Miguel Community Services District Ordinance 2002-3 requires a capital facilities fee of \$.65 per square foot of newly constructed space on all new construction and/or addition, and \$1.19 per square foot of second story newly constructed space or addition.

San Miguel Community Services District Ordinance 2010-1 requires the following to be fitted with fire safety sprinklers:

New Construction An automatic fire extinguishing system shall be installed and maintained in all new buildings in all occupancies, regardless of type of construction in excess of 500 square feet, for which any Building Permit is issued after the effective date of this Ordinance.

Exceptions:

- (i) Detached Group B, C, M occupancies not exceeding 500 square feet and located at least 10 feet from adjacent buildings and in compliance of all county setbacks from adjacent property lines.
- (ii) Some "U" \* uses may be exempted by the fire code official based on specific use (i.e. carports, fences, livestock shelters)

\* May not exceed 500 square feet – must be at least 10 feet from adjacent buildings – no second stories – minimum two exists including one pedestrian door – workshops or offices limited to 10% of floor area – cannot be used for a place of employment or for public assemblage/events – cannot be used as a commercial building.

**Note:** "U" occupancies converted to conditioned habitable space will be required to install an automatic fire extinguishing system.

Existing Construction An automatic fire extinguishing system shall be installed in all existing buildings or structures where proposed or ongoing additions, seismic retrofit, alterations or repairs are commenced over a three-year period, which meet one or more of the following:

- (i) Throughout structure where additions to existing buildings adds up to more than 25% of the original square footage;
- (ii) Alterations including modifications to an existing structure which involves complete removal and replacement of 25% or more of the wallboard;
- (iii) Have a total floor area exceeding five thousand (5,000) square feet;
- (iv) When a second story or higher is added;
- (v) When occupancy change increases fire risk or hazard, as determined by the fire code official.

For the purpose of calculating square footage for the application of fire sprinkler and fire flow requirements, the floor area shall include all combustible areas attached the structure, including garages, patio covers or common areas (protected on three sides), overhangs over 2 feet, and covered walkways.

Furthermore, when an automatic fire extinguishing system is required for an existing single family residence due to an addition the addition and all existing rooms and spaces in the residence shall be equipped with the fire sprinkler system as required by the fire code in effect.

Regardless of additions, alterations or repairs in existing sprinklered buildings, sprinkler coverage shall remain as per the National Fire Protection Association 13, 13R, or 13D Standards, whichever are applied by the fire code official.

**Single-family residence builders please note:**

**Your sprinkler contractor's design and calculations will determine the size of the water meter required. Please consult with your sprinkler contractor prior to requesting your water meter to be installed.**

# FIRE SAFETY & WATER/WASTEWATER WILL SERVE APPLICATION

**Fees required at time of application submission: \$1150.00**

*Fee Breakdown as follows:*

1. A Will Serve Application deposit fee of \$1000.00.
2. Fire Safety Review Letter Fee of \$150.00. If the project is over 5000 square feet (sf), an additional fee of \$.025 per sf over 5000 sf will be required.
3. Note that additional fees may be due at time of Will Serve Letter, or Fire Safety Letter pick up.

## **APPLICANT INFORMATION** (Please fill out completely)

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address (Owner): \_\_\_\_\_

*Please note that an agent acting for the owner shall submit written authorization with owner's notarized signature.*

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address (Agent.): \_\_\_\_\_ Title: \_\_\_\_\_

## **PROJECT INFORMATION** (Please fill out completely)

### **PROJECT LOCATION OR ADDRESS:**

Business Name/Type of Business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

APN No: \_\_\_\_\_ Tract No: \_\_\_\_\_ Lot No: \_\_\_\_\_

**TYPE OF PROJECT:** (Check Appropriate Box)

**Residential Zoning:** \_\_\_\_\_  Single Family  Multi-Family Residential

**Please Note:** If new construction includes an accessory building (guest house, granny unit, pool house, garage, shop, etc.), please list the proposed use of the structure in the Project Description section below. Note that all new residential buildings are required to have fire sprinklers installed. "U" and "S" occupancies in excess of 500sqft are required to be protected by an automatic fire sprinkler system. Should actual use be inconsistent with the classifications defined in the California Building Code, now or in the future retrofit of sprinklers will be required.

**Commercial/Industrial Zoning:** \_\_\_\_\_

Please complete a wastewater survey form for all commercial/industrial projects.

Office  Retail  Medical  Restaurant  
 Industrial \_\_\_\_\_  Auto Body Shop  Other: \_\_\_\_\_

**PROJECT SIZE** Total square footage (sf). List existing and new sf separately if applicable.

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

Garage or Accessory structure: \_\_\_\_\_

**Detailed Project Description:**

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**ESTIMATED WATER UNITS OF USE REQUIRED:**

Attach water demand calculations for all projects except single family residential.

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**CONSTRUCTION INFORMATION:** (Check Appropriate Box(es))

New Construction  Addition and/or Remodel (With added SF)  Remodel (No addition of SF)

If adding or remodeling Bathroom(s), Shower Room(s), Kitchen(s) or Laundry Room(s), or adding any water using fixtures, please specify the information below for any added amenities and fixtures.

Bathroom(s) or Shower Room(s)

Remodel or Addition? \_\_\_\_\_

Remodel or Addition? \_\_\_\_\_

\_\_\_\_\_ # of washing machines: \_\_\_\_\_

I # of sinks: \_\_\_\_\_

I # of tubs: \_\_\_\_\_

I # of toilets: \_\_\_\_\_

I # of shower/tub combos: \_\_\_\_\_

I # of showers: \_\_\_\_\_

Will there be multiple shower heads? \_\_\_\_\_

**Laundry Room(s)**

**Kitchen(s)**

**Remodel or Addition?** \_\_\_\_\_

**I** # of sinks: \_\_\_\_\_

**I** # of icemakers: \_\_\_\_\_

**I** # of dishwashers: \_\_\_\_\_

**Other Water Using Fixture(s)**

**I** \_\_\_\_\_ **I** \_\_\_\_\_

**FIRE DEPARTMENT ACCESS:**

Will any portion of the access road or driveway exceed a 12% grade? \_\_\_\_\_Yes \_\_\_\_\_No

Will any portion of the access road or driveway exceed at 16% grade? \_\_\_\_\_Yes \_\_\_\_\_No

**WATER SUPPLY (FIRE FLOW):**

Hydrant Location: \_\_\_\_\_

How far, in feet, is the building from the fire hydrant by the roadway? \_\_\_\_\_

**COMMENTS:**

Please provide any information you feel will be helpful in our Fire Safety Evaluation.

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**A PLOT PLAN, CONSTRUCTION PLANS AND A GRANT DEED IS REQUIRED WITH THIS APPLICATION.**

THE PLAN SHALL INCLUDE AN AREA MAP, ACCESS ROAD, DRIVEWAY, TURNOUTS, PROPOSED AND EXISTING BUILDINGS, AND THE LOCATION OF THE FIRE HYDRANT.

“Fire/Life Safety Requirements” will be available within ten (10) working days after review for fire code compliance. A copy of the requirements shall remain on the project site until final inspection or certification of occupancy has been issued.

If you have any questions, please feel free to contact the San Miguel Community Services District or Fire Department between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

\_\_\_\_\_  
DATE



Company Name: \_\_\_\_\_

## SITE PLAN

# CONSENT OF LANDOWNER

San Miguel Community Services District

APN No \_\_\_\_\_

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I (we) the undersigned owner of record of the fee interest in the parcel of land located at (print address): \_\_\_\_\_, identified as Assessor Parcel Number (APN) \_\_\_\_\_, for which a Will Serve Letter and/or Fire Review Letter is being requested for: \_\_\_\_\_ (specify type of project, for example: addition to a single family residence; or general plan amendment), do hereby certify that:

1. Such application may be filed and processed with my (our) full consent, and that I (we) have authorized the agent named below to act as my (our) agent in all contacts with the county and to sign for all necessary permits in connection with this matter.
2. I (we) hereby grant consent to the San Miguel Community Services District (District), its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the District, their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their officers agents or employees if the other governmental entities are providing review, inspections and surveys to assist the county in processing this application. This consent will expire upon completion of the project.
3. If prior notice is required for an entry to survey or inspect the property. Please contact:  
Print Name: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_
4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property \_\_\_\_\_

## PERSON OR ENTITY GRANTING CONSENT:

Print Name: \_\_\_\_\_

Print Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of landowner: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZED AGENT:

Print Name: \_\_\_\_\_

Print Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_

**All Non-Residential Applicants please  
complete the following forms and submit with  
your application:**

1. For all for all office and non-medical uses that generate only domestic wastewater. (Bathrooms only) provide a completed ***Wastewater Survey Form*** and signed ***Signature of Receipt Form***.
2. For all other commercial and industrial uses, provide a completed ***Wastewater Discharge Permit Application*** and signed ***Signature of Receipt Form***. For all food service businesses, include:
  - a. Specifications of proposed Grease Trap or Interceptor
  - b. Cut Sheets for proposed Grease Trap or Interceptor

(go to next page for application form)

# Industrial Wastewater Survey for Will Serve Request

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## Section 1. APPLICANT INFORMATION (Check box for contact person)

Landowner Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Agent Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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## Section 2. PROPERTY INFORMATION

Legal Description: \_\_\_\_\_

Assessor Parcel Number(s) \_\_\_\_\_ Attached Lot Book Guarantee? yes / no

Number and size of lots to be served: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Address (es) if known \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

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## Section 3. OPERATION(S) Check all that apply

<input type="checkbox"/> Auto Detail/Wash	<input type="checkbox"/> Medical Services
<input type="checkbox"/> Auto Service/Repair	<input type="checkbox"/> Personal Services
<input type="checkbox"/> Bakery	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Automobile Service/Repair	<input type="checkbox"/> Photo Services
<input type="checkbox"/> Dry Cleaning/Laundry	<input type="checkbox"/> Printing
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Food Services/Restaurant	<input type="checkbox"/> Public Service
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Wholesale Distribution
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Winery
<input type="checkbox"/> Manufacturing/ All Types	<input type="checkbox"/> Other _____

A. In order to determine whether the proposed project will require pretreatment of wastewater, provide a brief detailed description of the type of manufacturing, business processes, production, or service activities proposed for this site:

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**Section 4. WASTEWATER INFORMATION**

A. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity.

- |  |   |
|--|---|
| <input type="checkbox"/> Adhesives                           | <input type="checkbox"/> Mechanical Products                    |
| <input type="checkbox"/> Aluminum Forming                    | <input type="checkbox"/> Metal Etching/Chemical Milling         |
| <input type="checkbox"/> Anodizing                           | <input type="checkbox"/> Metal Coating (Phosphating, Coloring,) |
| <input type="checkbox"/> Automobile Maintenance and Repair   | <input type="checkbox"/> Nonferrous Materials                   |
| <input type="checkbox"/> Battery Manufacturing OR Reclaiming | <input type="checkbox"/> Organic Chemicals                      |
| <input type="checkbox"/> Copper Forming                      | <input type="checkbox"/> Paint & Ink                            |
| <input type="checkbox"/> Dairy Products Processing           | <input type="checkbox"/> Petroleum Refining                     |
| <input type="checkbox"/> Electric/Electronic Components      | <input type="checkbox"/> Pharmaceuticals                        |
| <input type="checkbox"/> Electroplating                      | <input type="checkbox"/> Photographic Supplies                  |
| <input type="checkbox"/> Fruit or Vegetable Processing       | <input type="checkbox"/> Plastic & Synthetic Materials          |
| <input type="checkbox"/> Hospital                            | <input type="checkbox"/> Plastics Processing                    |
| <input type="checkbox"/> Inorganic Chemicals                 | <input type="checkbox"/> Porcelain Enamel                       |
| <input type="checkbox"/> Iron & Steel                        | <input type="checkbox"/> Printed Circuit Board Manufacturing    |
| <input type="checkbox"/> Laundries                           | <input type="checkbox"/> Printing & Publishing                  |
| <input type="checkbox"/> Leather Tanning & Finishing         | <input type="checkbox"/> Pulp & Paper                           |
| <input type="checkbox"/> Rubber                              |   |
| <input type="checkbox"/> Soaps & Detergent                   |   |
| <input type="checkbox"/> Winery                              |   |

**Section 5. APPLICANTS SIGNATURE**

*The information provided will be used to determine whether the District has the capacity to provide wastewater treatment for the proposed project. The District will attempt to identify potential problems that may be associated with making service available to the project or parcel. At the time of request for hook-up and service, each individual business is required to complete an Industrial Wastewater Survey and Discharge Permit Application. The District may require pretreatment, testing and reporting of the industrial wastewater based on the type of operations and processes conducted at the business.*

*Note: It is the applicant's responsibility to notify the District in writing of any changes in the information provided above within 30 days of such change.*

\_\_\_\_\_  
Name (Printed) \_\_\_\_\_  
Title

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

# Signature of Receipt Form

## Applicant Information

Owner/TenantName: -----

Address: -----

Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Site Address (if different from above): -----

I have been informed that I will need to fill out a Waste Water Discharge Permit Application if my establishment is one in which Fats, Oils, and/or Greases (which are prohibited in accordance with the District's Sewer Code) are a byproduct of doing business. I understand fully that if, at any time, this establishment changes business operations and begins creating FOG byproducts, I will approach the District willfully and submit a Waste Water Discharge Permit as to remain in compliance with Federal and State laws and District codes and ordinances.

I acknowledge that I have been given a copy of the pamphlet, Your Establishment and FOG (Fats, Oils, and Greases) describing Best Management Practices to help reduce or eliminate FOG waste from entering the communities Sanitary Sewer System. I have also received the Grease Trap and Interceptor Selection and Maintenance Guide.

I understand that all District ordinances and codes are available to the public and that I may view them at any time for more information.

I am aware that the owner of this establishment is responsible for maintaining compliance with this policy. I am also aware that, if the owner of the establishment and the owner of the building are not one in the same, the owner of the building will also be held responsible for the compliance of this policy and informed if compliance has not been upheld.

I have read and understand this notice. A copy of this form will be given to me at my request.

\_\_\_\_\_  
Signature of Owner/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

If you are not the owner of the building, please provide this information below so that we may send them a copy of this form.	
Owner:	-----
Address:	-----
PhoneNumber:	-----

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# San Miguel Community Services District

Fats, Oils and Grease (FOG) Program

## Grease Trap and Interceptor Selection and Maintenance Guide

### *Introduction*

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San Miguel Community Services District (SMCSD) has a mandated Sewer Ordinance that requires establishments engaging in the preparation of food to install approved grease removal devices and conduct regular maintenance of these devices. Appropriate and frequent grease interceptor maintenance can significantly reduce the discharge of fats, oils, and grease (FOG) into the district's wastewater system.

### *Questions and Answers*

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#### *WHY IS FOG A PROBLEM?*

When FOG enters the sewer system, they coat sewer pipes and cause blockage. This can lead to sanitary sewer overflows (SSOs) which can require costly repairs, temporary closures of your establishment, not to mention certain health hazards. Properly maintained grease removal devices prevent excess FOG and solids from entering the district's sewer system by routing wastewater from fixtures and equipment that may contain FOG through a trap or inceptor to slow the flow of wastewater. This allows the FOG to solidify and float at the top of the device instead of being washed down into the sewer laterals.

#### *WHAT DETERMINES WHETHER I NEED A GREASE TRAP OR GREASE INTERCEPTOR?*

The type of grease removal device required is determined by the number of fixtures or equipment in the facility that discharge grease to the sewer system and the flow from these fixtures. Refer to the "Sizing Worksheets" section of this guide.

#### *WHAT ARE THE REQUIREMENTS AFTER THE GREASE TRAP/INTERCEPTOR IS INSTALLED?*

Food establishments are asked to implement *best management practices (BMPs)* for FOG. Refer to the "Your Restaurant and FOG" brochure to see recommended BMPs. S M C S D will require *regular maintenance* of grease trap/interceptors in order to properly protect the District's sewer collection system. A grease trap/inceptor *maintenance log* will be required to be kept to document cleaning intervals. *Receipts* for cleaning interceptors should be maintained and available for review.

#### *WHO PERFORMS MAINTENANCE ON GREASE TRAPS?*

Generally, grease trap maintenance is performed by the maintenance staff, or other employees of a food establishment. Refer to your particular grease trap manufacturer's recommended maintenance procedures. Remember, as the owner, you are ultimately responsible for the



functionality and maintenance of your grease trap, so you may wish to oversee all maintenance procedures.

#### *WHO PERFORMS MAINTENANCE ON GREASE INTERCEPTORS?*

Grease interceptor maintenance and service is usually performed by permitted haulers or recyclers. This maintenance consists of removing all solids and liquids from the grease interceptor and properly disposing of the material in accordance with federal, state, and/or local laws. Remember, as the owner, you are ultimately responsible for the functionality and maintenance of your grease interceptor, so you may wish to oversee all maintenance procedures.

#### *HOW OFTEN DO I NEED TO PERFORM MAINTENANCE ON MY GREASE TRAP OR INTERCEPTOR?*

The required frequency for grease trap and interceptor maintenance depends greatly on the amount of FOG a facility generates as well as any best management practices (BMPs) that your establishment implements to reduce the FOG discharged into the sewer system. A good rule of thumb is to clean out grease traps on a weekly basis and grease interceptors on a monthly basis. Refer to the “Your Restaurant and FOG” brochure to see recommended BMPs.

#### *WHAT FIXTURES OR EQUIPMENT CANNOT BE PLUMBED TO A GREASE INTERCEPTOR?*

Food grinders, dishwashers, and wastes from toilets, urinals, wash basins, and other fixtures containing fecal matter should not be plumbed through the grease inceptor.

#### *WHAT REQUIREMENTS MUST BE MET?*

**New facilities and remodels** must install a grease interceptor (to be approved by SMCSD) per the 2013 California Plumbing Code.

**Existing facilities** should install a grease interceptor per the 2013 California Plumbing Code; however, grease traps may be approved by the District due to physical constraints. Multiple units may be used to achieve the intent of the law must be approved by SMCSD.

#### *WHAT IS THE APPROVAL AND INSTALLATION PROCESS REQUIREMENTS?*

- **Contact a licensed contractor** to help determine the proper sizing of the grease removal device.
- **Submit your completed Grease Trap/Interceptor Sizing Worksheet with all plan sets**, showing location and size of grease trap to SMCSD District Engineer for approval.
- **Apply for a building permit** from the County of San Luis Obispo and provide a copy of the application and receipt for permit fees to SMCSD.
- **Install the grease removal device** and obtain inspections from the County per the permit requirements and inspection approval by SMCSD representative.
- **Provide a copy of the Building Permit completion (sign-off card)** obtained from the County of San Luis Obispo to verify compliance with grease trap/interceptor installation requirements.

- **Grease Inceptors**

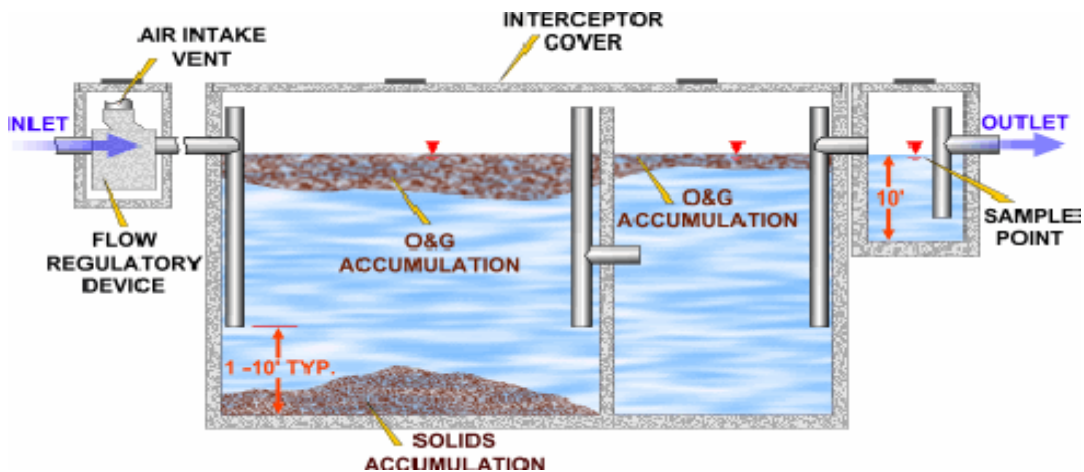
**What is a Grease Inceptor?** Grease inceptors are usually in-ground devices located outside of the building, made of concrete with a minimum capacity of 750 gallons, and are usually configured with multiple chambers. The capacity of the inceptor allows time for the wastewater to cool, allowing the grease time to congeal and rise to the surface. Inceptors are the most efficient method for removing grease.

### Grease Inceptor Maintenance

Grease inceptors will usually be cleaned by a state licensed septic hauler, grease hauler, or recycler. It is recommended that you clean your grease inceptor once a month but is ultimately dependent on the type of establishment, the size of the inceptor, and the volume of flow discharged to the inceptor.

**Proper procedure for grease inceptor maintenance:**

Step 1	Schedule your grease hauler or recycler for cleaning service.
Step 2	Shut of the isolation valve to stop flow to the grease inceptor.
Step 3	Remove lid and dip out any water in the inceptor. Dispose of this water into the sewer system.
Step 4	Remove baffles, if possible.
Step 5	Scoop out the accumulated grease from the inceptor and contain in a watertight container (ex: a 55 gallon drum with lid)
Step 6	Pump out the settled solids and any remaining liquids.
Step 7	Using a putty knife or other applicable tool, scrape sides, lid, and baffles to remove as much grease residue as possible. Dispose of into a watertight container.
Step 8	Replace the baffle and lid.
Step 9	Document your maintenance on your <i>Maintenance Log</i> .



**REMINDER:** DEGREASERS, DETERGENTS, AND WATER EXCEEDING 140 DEGREES SHOULD NOT BE PASSED THROUGH THE GREASE REMOVAL DEVICES.

## Grease Interceptor Sizing Worksheet

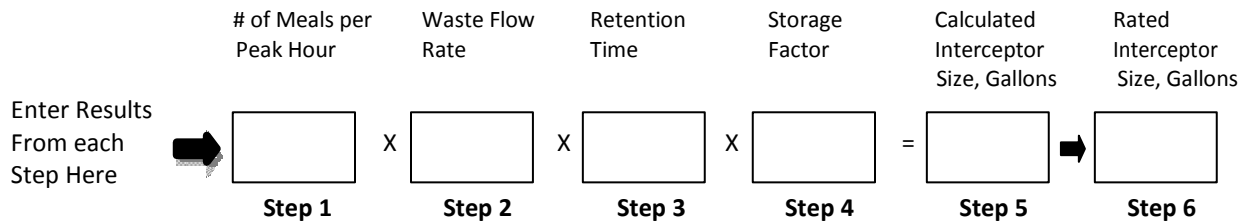
Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**Follow these six simple steps to determine the size of your grease interceptor:**



### Step 1 Number of Meals per Peak Hour (Recommended Formula)

**1**

Seating Capacity		Meal Factor		Meals per Peak Hour
<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	X	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>	=	<div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto;"></div>

Establishment Type	Meal Factor
Δ Fast Food (45 minutes)	1.33
Δ Restaurant (60 minutes)	1.00
Δ Leisure Dining (90 minutes)	0.67
Δ Dinner Club (120 minutes)	0.50

### Step 2 Waste Flow Rate (Add all that apply)

**2**

Condition	Waste Flow Rate
Δ With a dishwashing machine	6 gallons
Δ Without a dishwashing machine	5 gallons
Δ Single service kitchen	2 gallons
Δ (Disposable dishes and utensils)	
Δ Food waste disposer (Grinder)	1 gallon

Total Waste Flow Rate ➔

### Step 3 Retention Time

**3**

Commercial kitchen waste	
○ Dishwasher	2.5 hours
Single service kitchen	
○ Single serving	1.5 hours

*(cont'd on next page)*

<b>Step</b> <b>4</b>	<b>Storage Factor</b>	
	<b>Fully equipped commercial kitchen</b>	
	Δ 8-hr operation	1
	Δ 16-hr operation	2
	Δ 24-hr operation	3
	<b>Single service kitchen</b>	
	Δ Single Service Kitchen	1.5

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**Step 5**      **Calculate Hydraulic Capacity**

Multiply the values obtained from steps 1, 2, 3, and 4. The result is the minimum approximate grease interceptor size for this application.

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**Step 6**      **Select Grease Inceptor Size**

Using the approximate required hydraulic capacity from Step 5, select an appropriate size as recommended by the manufacturer. Attach copy of manufacturer specifications.

\*\*Minimum size: 750 gallons

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The Sewer Ordinance adopted by San Miguel Community Services District requires grease interceptors to be designed sized and designed in accordance with the Uniform Plumbing Code. This Grease Interceptor Sizing Worksheet follows the formula taken from Appendix H of the Uniform Plumbing Code.

**FACTORS AFFECTING GREASE INTERCEPTOR PERFORMANCE:**

- **Velocity of Incoming Water.** The higher the velocity of water coming into the system, the more turbulence there is created. This disrupts the FOG separation process, therefore reducing the efficiency of the grease interceptor.
- **FOG to Water Ratio.** The higher the ration of FOG particles to the water, the lower the efficiency of the grease interceptor.
- **Specific Gravity (Density) of FOG.** The specific gravity of FOG is lower than that of water allowing the FOG to rise to the surface quickly. Food particles having a higher specific gravity that water will accumulate on the bottom of the system and will ultimately pass through the interceptor to the sewer system.
- **Detergents in the System.** Grease-cutting and cleaning detergents will break the liquid grease into very small particles which will allow these undesirable FOGs to pass through the interceptor into the sewer system.
- **Hot Water.** Water exceeding 140 degrees should not be sent through the grease interceptor as it will dissolve grease and pass it through into the sewer system.

## Grease Traps

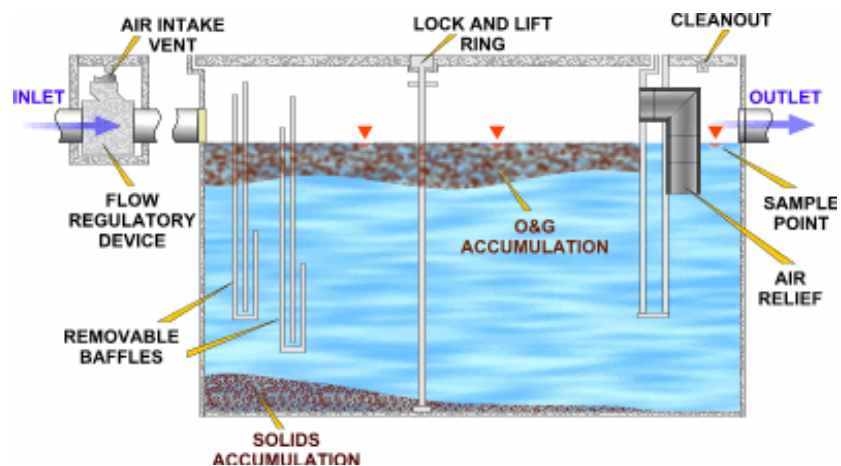
**What is a Grease Trap?** Grease traps are small units usually found inside the building under a sink or near the fixtures discharging grease. Grease traps are usually single chambered devices with baffles inside designed to slow the flow of wastewater allowing the grease to rise to the surface. Their capacities are rated in gallons of flow and pounds of grease they hold. Grease traps are not as efficient at removing grease as an interceptor and require more frequent cleaning in order to properly maintain them and to prevent odors.

### Grease Trap Maintenance

Grease traps are usually maintained by maintenance staff or other employees of the food establishment. Since these units are much smaller than its larger interceptor counterpart, it is recommended that they are cleaned out on a weekly basis.

#### **Proper procedures for grease trap maintenance:**

Step 1	Dip out any water in the trap. Dispose of this water into the sewer system.
Step 2	Remove baffles, if possible.
Step 3	Scoop out the accumulated grease from the interceptor and contain in a watertight container (ex: a 55 gallon drum with lid)
Step 4	Using a putty knife or other applicable tool, scrape sides, lid, and baffles to remove as much grease residue as possible. Dispose of into a watertight container.
Step 5	Contact a hauler or recycler for grease pick-up as your disposal container gets close to being full.
Step 6	Replace the baffle and lid.
Step 7	Document your maintenance on your <i>Maintenance Log</i> .



**REMINDER:** DEGREASERS, DETERGENTS, AND WATER EXCEEDING 140 DEGREES SHOULD NOT BE PASSED THROUGH THE GREASE REMOVAL DEVICES.

## Sizing Worksheet

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### Grease Trap Sizing Worksheet

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

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**For a multi-fixture grease trap, the following method may be used for grease trap sizing:**

**1. Calculate the capacity of each fixture.**

Cubic content of each fixture =  $\frac{\text{Length (in)} \times \text{Width (in)} \times \text{Depth (in)}}{231}$  = Capacity in Gallons  
(231 cubic inches per gallon)

$$\boxed{\phantom{000}} \text{ in} \times \boxed{\phantom{000}} \text{ in} \times \boxed{\phantom{000}} \text{ in} / 231 = \boxed{\phantom{000}} \text{ Gallons}$$

**2. Calculate the flow rate.**

$\frac{\text{Capacity in Gallons}}{\text{Drainage Period in Minutes}}$  = Flow Rate in gallons per minute (gpm)

*Note: The most generally accepted drainage period is one minute. The maximum drainage period allowed is 2 minutes.*

$$\frac{\boxed{\phantom{000}} \text{ gallons}}{\boxed{\phantom{000}} \text{ mins}} = \boxed{\phantom{000}} \text{ gpm}$$

**3. Total flow rate.** Add the gpm requirement for each fixture to arrive at a total flow rate. For fixtures that do not have a calculable volume, i.e. water wash hoods, wok ranges (with or without curtain) and pre-rinse stations, allow 10 gpm or the actual flow rate, whichever is greater.

**4. Grease trap capacity.** Use the grease trap table to approximate grease trap capacity. If the maximum flow rate is exceeded from the number of fixtures, the grease trap is to be sized by selecting a device with an appropriate flow rate.

Number of Fixtures	Maximum Rate of Flow (gpm)	Grease Capacity (lbs)
1	20	40
2	25	50
3	35	70
4	50	100

# San Miguel Community Services District

## Fats, Oils and Grease (FOG) Program

### Grease Trap/Interceptor Maintenance Log

Instructions: Please have your grease hauler, recycler, maintenance/cleaning contractor or employee complete this log each time your grease trap and/or interceptor is cleaned. This form must be available upon request for the County Health Inspector or the San Miguel Community Services District Representative. You can find additional copies of this form at [WWW.SANMIGUELCSO.ORG](http://WWW.SANMIGUELCSO.ORG)

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_

DATE	SERVICED BY (NAME OF EMPLOYEE OR SERVICE COMPANY)	GALLONS PUMPED	GREASE DISPOSAL SITE	PROBLEMS/CONDITIONS NOTED

PLEASE RETAIN THIS COPY FOR YOUR RECORDS

# CONSENT OF LANDOWNER

San Miguel Community Services District

APN No \_\_\_\_\_

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I (we) the undersigned owner of record of the fee interest in the parcel of land located at (print address): \_\_\_\_\_, identified as Assessor Parcel Number (APN) \_\_\_\_\_, for which a Will Serve Letter and/or Fire Review Letter is being requested for: \_\_\_\_\_ (specify type of project, for example: addition to a single family residence; or general plan amendment), do hereby certify that:

1. Such application may be filed and processed with my (our) full consent, and that I (we) have authorized the agent named below to act as my (our) agent in all contacts with the county and to sign for all necessary permits in connection with this matter.
2. I (we) hereby grant consent to the San Miguel Community Services District (District), its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the District, their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their officers agents or employees if the other governmental entities are providing review, inspections and surveys to assist the county in processing this application. This consent will expire upon completion of the project.
3. If prior notice is required for an entry to survey or inspect the property. Please contact:  
Print Name: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_
4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property \_\_\_\_\_

## PERSON OR ENTITY GRANTING CONSENT:

Print Name: \_\_\_\_\_

Print Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of landowner: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZED AGENT:

Print Name: \_\_\_\_\_

Print Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_