



### Exemption Request Food Service Establishments (FSE)

I am requesting exemption(s) from:

\_\_\_\_\_ Registration      \_\_\_\_\_ Quarterly Pumping Frequency      \_\_\_\_\_ Grease Trap/Interceptor Installation Requirements

#### Section A – General Information

1. Business Name: \_\_\_\_\_
2. PSB Registration Number (if applicable): \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Authorized Representative: \_\_\_\_\_
6. Title: \_\_\_\_\_
7. Phone Number: \_\_\_\_\_ 8. Facsimile Number: \_\_\_\_\_
9. Email address (optional): \_\_\_\_\_

#### Section B - Business Activity

1. Please indicate the regular business days:  
 following?  
 Mon – Sun  
 Mon – Sat  
 Mon – Fri  
 Other (specify) \_\_\_\_\_  
 Business hours: \_\_\_\_\_  
 Number of meals served daily \_\_\_\_\_  
 Maximum seating capacity \_\_\_\_\_
2. Do you have one or more of the  
 Wok stove  
 Food grinder/garbage disposal  
 Deep fryer  
 Three compartment sink  
 Dishwasher  
 None of the above (prepackaged food, ready to consume only)  
 Grease trap (under sink)  
 Grease interceptor (located outside of facility)
3. If applicable, please indicate location of grease interceptor(s)/trap(s): \_\_\_\_\_
4. If applicable, please provide volume and inside dimensions (length, width, and height) in inches of your grease trap/interceptor: \_\_\_\_\_
5. Please provide a drawing in sufficient detail to show the location of all kitchen equipment that produces wastewater, and all sewers, floor drains, sewer connections, grease traps/interceptors and appurtenances on the premises if known or readily ascertained. (Use additional sheets if necessary).

#### Section C – Waste Generated

1. If applicable, please provide the name of the waste hauler(s) you normally use to clean your grease trap/interceptor (Please provide one year worth of manifests). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Please indicate the type of waste and frequency wastes are collected (e.g. daily, weekly, monthly, quarterly, or yearly). \_\_\_\_\_

(Over)

3. Do you self-clean your grease trap(s)?  Yes  No  Not applicable (approval to self-clean must be obtained from El Paso Water Utilities)
4. If self-cleaning, provide a copy of established self-cleaning procedures and a roster of people trained in these procedures (a signed certification statement by the authorized representative stating that all appropriate personnel has been properly trained may be substituted for the roster)
5. Is grease (new or used) stored on premises for use/disposal?  Yes  No If yes, where stored? \_\_\_\_\_
6. Are there any planned changes that may affect the volume and quality of wastewater generated?  Yes  No; if yes, provide a detailed description (Use additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_
7. Do you add enzymes or any other substances to your grease trap/interceptor or wastewater system? \_\_\_\_\_
8. Have you had any overflows from your grease trap/interceptor?  Yes  No; if yes, please explain? \_\_\_\_\_

**Section D – Exemption**

Please explain, in sufficient detail, why you believe an exemption should be granted to this facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E – Authorized Representative Statement**

*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 the 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 a fine.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_