



City of Norfolk FOG Approval Request

Hampton Roads Regional Technical Standards for Grease Control Devices



An element of the Special Order of Consent is the use of the Management, Operations, and Maintenance (MOM) program to reduce Sanitary Sewer Overflows (SSOs). Within the MOM program is the Fats Oils and Grease (FOG) component. FOG has been shown to be a significant source of SSO occurrence. The reduction of FOG in a sanitary sewer system has typically resulted in a corresponding reduction of sewer blockages and SSOs.

The reduction of FOG in a system can be accomplished using Best Management Practices (BMPs) in commercial kitchens and by the use of grease control devices (GCDs) in Food Service Establishments (FSEs). GCDs have been required in FSEs by plumbing codes since the 1940s, however, there has not been a satisfactory method for determining the size of the grease control device. Similarly, the cleaning frequency of the device has not been established other than by rules of thumb such as the commonly used 25% rule, i.e., when the combined depth of grease and solids within the tank, floating and settled, reaches 25% of the total liquid depth, the tank should be cleaned. Obviously, the tank size is important, with a smaller tank becoming a candidate for more frequent cleaning than a larger tank in the same situation. Given the lack of guidance on tank sizing, the purpose of this document is to establish a methodology that when used produces a reasonably sized tank, consistent with other methods, and one that can produce duplicable results throughout the region.

Fixture Requirements

Unless otherwise approved by the sanitary sewer system owner, all fixtures, equipment, and drain lines located in the food preparation, alcohol service, clean-up and food service areas of an FSE/property shall be connected to a grease control device (GCD). Fixtures required to connect to a GCD shall include but are not limited to pot sinks, pre-rinse sinks, hand sinks, prep sinks, dishwashers, soup kettles, braising pans, wok ranges, mop sinks, floor sinks, floor drains, and wastewater generated from exhaust fan hood cleaning operations.

Food waste disposers/garbage grinders (FWD) are prohibited unless otherwise approved. When approved, FWDs shall be routed to a solids interceptor prior to discharging through a GCD.

Gravity Grease Interceptors (GGI)

Unless otherwise approved, gravity grease interceptors (GGIs) shall not be installed. When approved for installation (see Appendix B: Alternate Grease Control Device Approval Request Form), GGIs shall be made from materials that are compatible with a pH of 3. GGIs made from materials that are subject to corrosion such as concrete or steel, shall be lined or coated with a durable material compatible with a pH of 3 that cannot be easily penetrated, scraped away or removed as approved by the sanitary sewer system owner. Acid Resistant Enamel (ARE) coatings are not acceptable.

The required capacity of GGIs in total liquid volume, shall be determined by multiplying the peak drain flow into the interceptor in gallons per minute (one-minute drainage period by pipe diameter from Table 1 below) by a retention time of 30 minutes.

Table 1.

Pipe Size (inches)	Full-Pipe Flow (GPM) ¹	One-minute drainage period (GPM)
2	20	20
3	60	60
4	125	125
5	230	230
6	375	375
1. 1/4 inch per foot based on Manning's formula with friction factor N = 0.012		

Automatic Grease Removal Devices (AGRD)

When approved for installation (see Appendix B: Alternate Grease Control Device Approval Request Form), automatic grease removal devices (AGRDs) must be designed and tested in accordance with ASME A112.14.4 and/or CSA B481.5. Sizing shall be in accordance with Hydromechanical Grease Interceptor Sizing Step 1: Size by Flow Rate. Step 2: Size by Grease Production shall not apply to AGRDs.

Sizing and Selecting Hydromechanical Grease Interceptors (HGI)

The following two-step sizing methodology for hydromechanical grease interceptors (HGIs) shall apply regardless of whether the unit will be installed indoors or outdoors:

Step 1: Size by Flow Rate

The minimum flow rate for a passive HGI may be calculated by either using fixture volume or pipe diameter with either a one-minute or two-minute drainage period. Use a one-minute drainage period when the interceptor is installed within 20 feet of directly connected fixtures and/or has indirectly connected fixtures. Use a two-minute drainage period when the interceptor will be installed exterior to the building beyond 20 feet of the connected fixtures.

Fixture Volume Sizing

When the final configuration of kitchen fixtures in an establishment is known, use the following formula for sizing fixtures by volume with a 75% fill factor:

$$\frac{(\# \text{ of compartments} \times [L \text{ (inches)} \times W \text{ (inches)} \times H \text{ (inches)}])}{231 \text{ cubic inches per gallon}} \times 0.75 = \text{Fixture Capacity Gallons}$$

Fixture Capacity Gallons x 1 = **one-minute** drainage period (GPM)

Fixture Capacity Gallons x 0.5 = **two-minute** drainage period (GPM)

Example: three-compartment sink with each compartment measuring: 18 in. x 24 in. x 12 in.

$$\begin{aligned} (3 \times [18'' \times 24'' \times 12'']) &= 15,552 \text{ cubic inches (in}^3\text{)} \\ 15,552 / 231 &= 67.3 \text{ total fixture capacity gallons} \\ 67.3 \times 0.75 &= 50.4 \text{ fixture capacity after loading factor (75\%)} \\ 50.4 \times 1 &= 50 \text{ GPM (using one-minute drainage period)} \\ &\textit{or} \\ 50.4 \times 0.5 &= 25 \text{ GPM (using two-minute drainage period)} \end{aligned}$$

To determine the minimum required flow rate for the HGI, calculate the capacity of each fixture that will be connected, add the volumes together, and use the appropriate drainage period. An appropriate HGI must be certified to meet the minimum flow rate as calculated.

It is advisable to use a one-minute drainage period when the HGI will be installed in the kitchen area near the fixtures being serviced. It is essential to use a one-minute drainage period when indirectly connected fixtures are connected to the HGI. A two-minute retention time assumes only directly connected fixtures are routed to the HGI. A two-minute drainage period will negatively affect the total time for draining fixtures and is often a complaint of owners.

Pipe Diameter Sizing

When the final configuration of kitchen fixtures in an establishment is unknown or to allow for the addition of fixtures in the future, the minimum HGI volume may be determined by the diameter of the drainage pipe leading from the establishment according to Table 2.

Table 2.

Pipe Size (inches)	Full-Pipe Flow (GPM) ¹	One-minute drainage period (GPM)	Two-minute drainage period (GPM)
2	20	20	10
3	60	75	35
4	125	125	75
5	230	250	125
6	375	400	200
2. 1/4 inch per foot based on Manning's formula with friction factor N = 0.012			

When using pipe diameter sizing and the HGI is installed inside the kitchen near the fixtures being serviced, it is advisable to use a one-minute drainage period to ensure the drainage time is not a nuisance. When installed in the kitchen near the fixtures being serviced and with an indirectly connected fixture, it is essential to use a one-minute drainage period. When installed exterior to the building, where the developed length of piping can be quite long, a two-minute drainage period will provide a satisfactory result in drainage times.

Step 2: Calculate Grease Capacity

Once the minimum flow rate has been established in *Step 1*, calculate the minimum grease storage capacity for the HGI required for the desired pump-out frequency as follows:

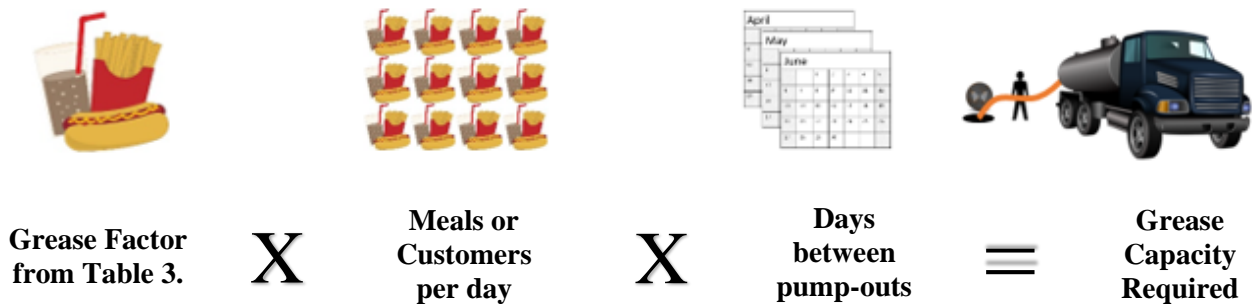


Table 3.

Type	Menu	Grease Factor ->	without Fryer without flatware	without fryer with flatware	with fryer without flatware	with fryer with flatware
			A	B	C	D
1	Bakery		0.025	0.0325	0.035	0.0455
2	Bar and Grille		0.005	0.0065	0.025	0.0325
3	Barbeque		0.025	0.0325	0.035	0.0455
4	Breakfast Bar - Hotel		0.005	0.0065	0.025	0.0325
5	Buffet		0.035	0.0455	0.058	0.075
6	Burger and fries, fast food		0.025	0.0325	0.035	0.0455
7	Cafeteria		0.025	0.0325	0.035	0.0455
8	Caterer		0.005	0.0065	0.025	0.0325
9	Chinese		0.035	0.0455	0.058	0.075
10	Coffee shop		0.025	0.0325	0.035	0.0455
11	Convenience Store		0.005	0.0065	0.025	0.0325
12	Deep fried Chicken / seafood		0.035	0.0455	0.058	0.075
13	Deli		0.005	0.0065	0.025	0.0325
14	Family Restaurant		0.005	0.0065	0.025	0.0325
15	Frozen Yogurt		0.005	0.0065	0.025	0.0325
16	Greek		0.005	0.0065	0.025	0.0325
17	Grocery Bakery		0.005	0.0065	0.025	0.0325
18	Grocery Deli		0.025	0.0325	0.035	0.0455
19	Grocery Meat Department		0.025	0.0325	0.035	0.0455
20	Ice Cream		0.025	0.0325	0.035	0.0455
21	Indian		0.005	0.0065	0.025	0.0325
22	Italian		0.025	0.0325	0.035	0.0455
23	Mexican, fast food		0.025	0.0325	0.035	0.0455
24	Mexican, full fare		0.035	0.0455	0.058	0.075
25	Pizza		0.025	0.0325	0.035	0.0455
26	Religious Institution		0.005	0.0065	0.025	0.0325
27	Sandwich shop		0.005	0.0065	0.025	0.0325
28	Snack Bar		0.005	0.0065	0.025	0.0325
29	Steak and seafood		0.035	0.0455	0.058	0.075
30	Sushi		0.005	0.0065	0.025	0.0325

To determine the correct grease factor, use Table 3. Select the **Menu** type (1 through 30), then select the correct column (A through D) for whether there is a **Fryer** and whether the establishment uses **Disposable/Single Use utensils** or **Flatware** (washable plates, glasses, knives, forks, and spoons).

Example: Fast food burgers & fries; Fryer; Disposable flatware; Serving 300 meals per day

Example: Fast Food Burgers & Fries (fryer; disposable flatware; 300 meals per day)	
Grease factor	0.035 pounds per meal (Table 3 - 6 C)
Meals per day	300
Days between pump-outs	30 / 60 / 90

Grease storage capacity required: 0.035 x 300 x 90 (preferred pump-out) = **945 pounds**

FOR FSEs THAT ONLY OPERATE SEASONALLY, THE FOLLOWING SHALL APPLY:

1. During the season, the grease control device (GCD) shall be sized and maintained with the requirements of this document.
2. Prior to closing for the off-season, the GCD shall be pumped out completely, cleaned, and refilled with fresh water.

The correctly sized and selected GCD will have the minimum flow rate determined in Step 1 and the minimum grease storage capacity calculated in Step 2. When approved by the sanitary sewer system owner, multiple GCDs may be installed in series to satisfy the minimum flow rate requirement, the minimum grease storage capacity, or both.

Approved GCDs must be certified by ASME A112.14.3, ASME A112.14.4, CSA B481, and/or PDI G101. A valid test report must be submitted to the sanitary sewer system owner for review that includes the incremental test results. No GCD without validated efficiency and grease storage capacity will be approved. Only validated grease storage capacities may be used for sizing and selecting GCDs in accordance with this document. No substitution for an approved device shall be allowed without written approval by the sanitary sewer system owner. GCDs must be submitted for approval by submitting a Grease Control Device Sizing and Selection Worksheet (Appendix A) along with a specification sheet of the GCD being submitted for approval.

When project conditions may not allow for an HGI, the Alternate Grease Control Device Approval Request (Appendix B) must be submitted for consideration.

Unless otherwise approved by the sanitary sewer system owner, GCDs shall be maintained by a professional grease hauler, certified through the HR FOG Program administered by the Hampton Roads Planning District Commission. Food service establishments (FSEs) shall submit the Alternate Maintenance Approval Request Form (Appendix C) for prior approval before self-cleaning is permitted. Upon approval, the FSE shall comply with all the requirements contained therein.

APPENDIX A:



City of Norfolk FOG Approval Request
 fog@norfolk.gov | Phone: 757.620.2688 | Fax: 757.441.5639



Food Service Establishment Application & Contact Information:

1.	Applicant Name:	Phone:	
		Email:	
2.	Owner(s) Name: (same as above <input type="checkbox"/>)	Phone:	
		Email:	
3.	Legal Business Name:	Phone:	
		Email:	
4.	Name of Food Service Establishment:	Physical Address:	

Actions:		Check all that apply:	Explanation:
5.	New Business	<input type="checkbox"/>	
	New Build Out	<input type="checkbox"/>	
	Shell Build Out (Tenant Unknown)	<input type="checkbox"/>	
	Renovation/Addition	<input type="checkbox"/>	
	Relocating Business	<input type="checkbox"/>	Previously occupied by?
	Change of Ownership	<input type="checkbox"/>	
	Grease Control Device Present	<input type="checkbox"/>	# Of devices:
	Used Cooking Oil Container Onsite	<input type="checkbox"/>	
	Building Permit	<input type="checkbox"/>	
	Plumbing Permit	<input type="checkbox"/>	
	Other: _____	<input type="checkbox"/>	

CALCULATE ESTIMATED GREASE CAPACITY:

6.	Please refer to Table 3. on pg. 4 of Standards to complete the following section:				
	Menu #	Grease Factor	Estimated # of Meals Per Day		
	Multiply Grease Factor X Average # of Meals Per Day = Daily Loading is the amount of FOG produced per day				
	Calculated Grease Storage Capacity (lbs.):	Daily Loading	X 30 days**	X 60 days**	X 90 days
**Prior written approval by sanitary sewer system owner is required for a pump-out schedule of less than 90 days.					

FROM DEPARTMENT OF UTILITIES / WATER QUALITY / FOG

EXISTING GCD - If this does not apply, skip to Section 10:

9.	Manufacturer: _____		Model: _____ GPM/ _____ lbs. or _____ Gallons	
	<input type="checkbox"/> Metal	<input type="checkbox"/> Interior <u>in</u> Floor	<i>Description of location:</i>	
	<input type="checkbox"/> Plastic	<input type="checkbox"/> Interior <u>on</u> Floor		
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Interior: _____		
<input type="checkbox"/> Fiber Glass	<input type="checkbox"/> Exterior: _____			
	Certified/Permitted Grease Hauler:		Phone#:	
	Used Cooking Oil Company:		Phone#:	

NEW GCD INFORMATION:

10.	Manufacturer: _____		Model: _____	
	_____ GPM/ _____ lbs.		/or/ Gallons:	
	Is the material of construction compatible with a pH of 3? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		If NO, please explain:	
	<input type="checkbox"/> Interior <u>in</u> Floor	<i>Description of location:</i>		
<input type="checkbox"/> Interior <u>on</u> Floor				
<input type="checkbox"/> Interior: _____				
<input type="checkbox"/> Exterior: _____				

Please provide the following for review:

<input type="checkbox"/> Plans / Equipment Schedule	<input type="checkbox"/> Cleaning Logs (only if requested)
<input type="checkbox"/> Menu / List of foods sold	<input type="checkbox"/> HR FOG BMP Certification (only if requested)
<input type="checkbox"/> Grease Control Device Spec Sheet	<input type="checkbox"/> Other:

PLEASE NOTE THIS OFFICE WILL NOT ACCEPT INCOMPLETE OR PARTIAL SUBMITTALS

Please submit the completed Grease Control Device Sizing and Selection Worksheet to the sanitary sewer system owner for approval along with all required documentation. Once approved, no substitutions shall be allowed without prior written approval from the sanitary sewer system owner.

Signature of Applicant: _____ Date: _____

APPENDIX B:

Alternate Grease Control Device Approval Request

Applicant/Owner Name: _____ Phone: _____

Business Name: _____ Email: _____

Food Service Establishment (FSE): _____
Name *Physical Address*

Gravity Grease Interceptor (GGI): REQUIRED DOCUMENTATION

Include the following documentation: kitchen plans, equipment schedule, menu, completed calculations for flow rate and liquid capacity, and GGI specifications sheet.

1. Grease Factor (*Table 3*): _____
2. Average # of meals per day: _____
3. Peak drain flow rate by pipe diameter (one-minute drainage period in *Table 1*) or (*N/A*): _____
4. Size of GGI* (*gallons*) or (*N/A*): _____
*Multiply peak drain flow rate x 30 minutes
5. What material is the GGI made from? or (*N/A*) _____
6. Is the material compatible with a pH of 3? *Yes* *No* *Unknown*
7. If the answer to number 6 is “*No*”, what material is the tank lined or coated with*:

*Must provide evidence that the liner or coating is compatible with a pH of 3 and that it cannot be easily penetrated, scraped off or removed. Acid Resistant Enamel (ARE) coatings are not allowed.

Reason for request:

Automatic Grease Removal Device (AGRD): REQUIRED DOCUMENTATION

Include the following documentation: kitchen plans, equipment schedule, menu, completed calculations for flow rate, AGRD specifications sheet, and certified test report for validation.

1. Describe the fixtures to be connected: _____

2. Total Fixture Volume (*Table 2*): _____ Flow Rate GPM (*one minute*): _____
3. Meals per day _____
4. Grease Factor (*Table 3*): _____
5. Make and Model of the AGRD proposed: _____

Reason for request: _____

Please submit the completed Grease Control Device Sizing and Selection Worksheet to the sanitary sewer system owner for approval along with all required documentation. Once approved, no substitutions shall be allowed without prior written approval from the sanitary sewer system owner.

Signature of Applicant: _____ Date: _____

APPENDIX C:

Alternate Maintenance Approval Request

Applicant/Owner Name: _____ Phone: _____

Business Name: _____ Email: _____

Food Service Establishment (FSE): _____
Name *Physical Address*

Self-cleaning by the owner and/or operator of an establishment is not allowed unless approved by the sanitary sewer system owner. Only hydromechanical grease interceptors (HGI) with a liquid volume of 25 GPM (50 pounds) or less may be considered for self-cleaning unless otherwise approved by the sanitary sewer system owner. When approved, the owner and/or operator of an establishment shall comply with the following requirements for maintenance as required by the sanitary sewer system owner:

- Remove cover(s)
- Remove all fats, oils, and grease (FOG), solids, food debris, and wastewater
- Clean all internal surfaces from the build-up of FOG or other residual materials (chemicals and/or degreasers are prohibited)
- Place all removed materials in garbage bag or other sealable container (not glass) along with an absorbent material, i.e. like kitty litter or auto oil absorbent, and dispose of solidified contents in trash receptacle
- Inspect all internal components, replace anything missing or broken and ensure flow control device is installed
- Refill with fresh water
- Replace cover(s)
- Enter the required information on the maintenance log

At least once per quarter or as required by the sanitary sewer system owner, the HGI shall be cleaned by a professional grease hauler, certified through the HR FOG Program administered by the Hampton Roads Planning District Commission, documented by a manifest, reported in the maintenance log, and all records maintained for the previous three (3) years.

Make and Model of GCD: _____

Flow Rate (GPM): _____ Grease Storage Capacity (lbs.): _____

Grease Factor (Table 3.): _____ Average # of Meals per day: _____

Grease Produced per day*: _____ Cleaning frequency**: _____ days

*Multiply Grease Factor times Average Meals per day

**Divide GCD grease storage capacity by Grease Produced per day

Reason for request: _____

Please submit the completed Grease Control Device Sizing and Selection Worksheet to the sanitary sewer system owner for approval along with any other required documents.

Signature of Applicant: _____ Date: _____