

Redmond Oregon Preferred Pumper Program Registration

Fats, Oils, and Grease (FOG) Removal

The Preferred Pumper Program includes those businesses that properly pump, haul, and dispose of grease interceptor waste for commercial and institutional food service establishments (FOG generators). Pumpers will meet the Preferred Pumper criteria, both initially and continuously, as outlined below:

1. Pumper will submit a list of facilities with grease interceptors that are cleaned out on a regular basis.
2. Pumpers will satisfactorily clean out grease interceptors (GI). This includes:

Hydro-mechanical Interceptors (inside)

- Pump out completely
- Remove and clean baffles
- Assess and document GI condition
- Refill with water

Gravity Interceptors (outside)

- Pump out completely
- Thoroughly clean interior
- Assess and document GI condition

3. Pumpers will provide services on behalf of the FOG generator including:
 - Notification to the municipality prior to GI cleaning. The pumper should provide a schedule of routine cleaning to the municipality. The frequency of this notification is left to the pumper's discretion but the notification must occur no later than one business day prior to the scheduled cleaning.
 - Accurate completion and submittal of the Cleaning Report form or approved equivalent information to the respective municipality within 10 days of the cleaning date.
 - Communicate with the respective municipality on behalf of the FOG generators regarding questions on the Cleaning Report or services provided.
4. Pumpers will dispose of pump-out waste in accordance with all applicable local, state and federal regulations.

Failure to meet the above criteria may result in removal from the Preferred Pumper registry.

"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 the 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 fine and imprisonment for knowing violations."

I _____ as an authorized representative*
Print Name

request that _____
Print Name of Company

be added as a participant in the Preferred Pumper Program. As a participant in this program, our company agrees to meet all the above listed criteria.

Signature of Representative

Date

Title of Representative

* An authorized representative is the company owner, facility manager, or has a letter of authorization signed by either a facility manager or company owner.

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Company Information:

Company Name

Street # Street Name

City State Zip Code

Mailing Address *(if different from above)*

City State Zip Code

Primary Contact - - Phone #

Secondary Contact - - Phone #

Waste Disposal Method

For each disposal location used, complete the following:

Primary Site Name: _____

Street # City/State Zip Code

Secondary Site Name: _____

Street # City/State Zip Code

How is waste processed? _____

SEND COMPLETED FORM TO:



FOG Program Coordinator
City of Redmond
3100 NW 19th Street
Redmond, OR 97756