



Generator Authorization Application
FOG and Sand Interceptor Registration Application
Springville City Water Reclamation Facility

Inventory #: _____

Business Name:	
Mailing Address:	Zip Code:
Contact Person:	Telephone:
Email:	Title:
Business Address:	Zip Code:

Food Services:

Please answer the questions below by checking the boxes or indicating the number of items listed:

Is the facility connected or will be connected to a grease interceptor? Yes No

If no, a plan must be drafted to come into compliance with City codes.

Has the grease interceptor been properly sized (include calculations worksheet)? Yes No

How many traps/interceptors are installed or will be installed? _____.

What is the maintenance frequency? _____

Who does the interceptor maintenance? _____

Do you use cooking oil? Yes No

If yes, how is it disposed of? _____

List chemicals used at your facility: (e.g. Soaps, Cleaners, etc.) _____

Automotive / Industrial / Commercial

Please answer the questions below by checking the boxes or indicating the number of items listed:

Is the facility connected or will be connected to a sand/oil/grease interceptor? Yes No

Does the sand/oil/grease interceptor meet the minimum City sizing requirements? Yes No

Are floor drains connected to a sand/oil/grease interceptor? Yes No

If you answered no to any of the questions above, a plan must be drafted to come into compliance with City codes.

What is the maintenance frequency? _____

Who does the interceptor maintenance? _____

List Chemicals: (e.g. Soaps, Cleaners, etc.) _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

Please send application to:
 Water Reclamation Facility

City of Springville or
 110 South Main
 Springville, UT 84663
 Phone: (801) 489-2745

Fax: 801-489-2743
 Email jgarrido@springville.org