

Grease Interceptor Sizing Worksheet

The Uniform Plumbing Code Formula

Company		Calculated By		Date	
Project		Location			

Follow these six simple steps to determine grease interceptor size.

Enter Calculations Here >	No of Meals Per Peak Hours	Waste Flow Rate	Retention Time	Storage Factor	Calculated Interceptor Size	Grease Interceptor
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6

1	Number of Meals Per Peak Hour (Recommended Formula):	Notes:															
	<table border="0"> <tr> <td>Seating Capacity</td> <td>Meal Factor</td> <td>Meals per Peak Hour</td> </tr> <tr> <td><input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> </tr> </table> <table border="0"> <tr> <td>Establishment Type:</td> <td>Meal Factor</td> </tr> <tr> <td>Fast Food (45 min)</td> <td>1.33</td> </tr> <tr> <td>Restaurant (60 min)</td> <td>1.00</td> </tr> <tr> <td>Leisure Dining (90 min)</td> <td>0.67</td> </tr> <tr> <td>Dinner Club (120 min)</td> <td>0.50</td> </tr> </table>	Seating Capacity	Meal Factor	Meals per Peak Hour	<input type="text"/>	X <input type="text"/>	= <input type="text"/>	Establishment Type:	Meal Factor	Fast Food (45 min)	1.33	Restaurant (60 min)	1.00	Leisure Dining (90 min)	0.67	Dinner Club (120 min)	0.50
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2	Waste Flow Rate:	Notes:									
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3	Retention Time	Notes:			
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5	Calculate Liquid Capacity	Notes:
	Multiply the values obtained from step 1, 2, 3 and 4. The result is the approximate grease interceptor size for this application	

6	Select Grease Interceptor	Notes:
	Using the approximate required liquid capacity from step 5, select an appropriate size as recommended by the manufacturer.	



Submit to:
Kevin Slovarp, City Engineer
Development Services
435 Ryman
Missoula, MT 59802
 Development Services: 406.552.6630
 Wastewater: 406.552.6606

Appeal Form to: INSTALL ANY GREASE INTERCEPTOR (HYDROMECHANICAL OR GRAVITY)
 (Please check one) **OR**
CONNECT ALL KITCHEN FIXTURES TO HGI

GENERAL INFORMATION:	
Date:	
Establishment Name:	
Establishment Address:	
Property Owner's Name(s):	
Establishment Owner/Operator Name(s):	
PLEASE PHONE APPEAL DECISION ASAP TO:	
Name:	
Phone:	
PLEASE MAIL OR EMAIL WRITTEN APPEAL DECISION TO:	
Name:	
Mailing Address:	
Email Address:	

SPECIFIC INFORMATION:

Please submit the following:

1. Menu
2. Plumbing diagram include all floor drains and sinks
3. Kitchen diagram including all appliances
4. Flow rating on dishwasher if present
5. Compartment Size of 3 compartment sink(s)
6. Detailed description of the reasoning behind the inability to connect all kitchen fixtures to a HGI

Additional Information:

Question	Yes	No	Comments
Will food be served on disposable dishware?			
Will food be prepped on site?			
Will food be cooked on site?			
Deep fat fryer present?			
Grill present?			
Has Health Dept been notified?			
Are there other plans or permits related to this request?			

Variance Review Fee is due at time of submittal.

\$165.00

FOR OFFICE USE ONLY:

Record # _____

Date Received/Staff Initials _____

Per Missoula Municipal Code 13.07.410

Approved

Approval Conditions:

Denied

Reasons for Denial:

Recommended By:

Tony Sauro
Plumbing Inspector

Kevin Slovarp
City Engineer

Nate Gordon
Lab/Pretreatment Manager