

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: | | | | | | | | | |
| | <table border="0"> <tr> <td>Condition</td> <td>Flow Rate</td> </tr> <tr> <td>With a Dishwashing Machine</td> <td>6 Gallons</td> </tr> <tr> <td>Without a Dishwashing Machine</td> <td>5 Gallons</td> </tr> <tr> <td>Single Service Kitchen</td> <td>2 Gallons</td> </tr> <tr> <td>Food Waste Disposer Only</td> <td>1 Gallon</td> </tr> </table> | Condition | Flow Rate | With a Dishwashing Machine | 6 Gallons | Without a Dishwashing Machine | 5 Gallons | Single Service Kitchen | 2 Gallons | Food Waste Disposer Only | 1 Gallon |
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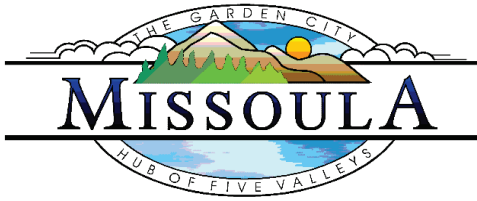
| | | | | | |
|---------------------------------------|---|-------------------------------------|-----------|---------------------------------------|-----------|
| 3 | Retention Time | Notes: | | | |
| | <table border="0"> <tr> <td>Commercial Kitchen Waste Dishwasher</td> <td>2.5 Hours</td> </tr> <tr> <td>Single Service Kitchen Single Serving</td> <td>1.5 Hours</td> </tr> </table> | Commercial Kitchen Waste Dishwasher | 2.5 Hours | Single Service Kitchen Single Serving | 1.5 Hours |
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| | | | | | | | | | | | | | | | | | |
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| 4 | Storage Factor | Notes: | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>Kitchen Type</td> <td>Storage Factor</td> </tr> <tr> <td>Fully Equipped Commercial</td> <td></td> </tr> <tr> <td>Hours of Operation</td> <td></td> </tr> <tr> <td>8 Hours</td> <td>1.00</td> </tr> <tr> <td>12 Hours</td> <td>1.50</td> </tr> <tr> <td>16 Hours</td> <td>2.00</td> </tr> <tr> <td>24 Hours</td> <td>3.00</td> </tr> <tr> <td>Single Service Kitchen</td> <td>1.50</td> </tr> </table> | Kitchen Type | Storage Factor | Fully Equipped Commercial | | Hours of Operation | | 8 Hours | 1.00 | 12 Hours | 1.50 | 16 Hours | 2.00 | 24 Hours | 3.00 | Single Service Kitchen | 1.50 |
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| Fully Equipped Commercial | | | | | | | | | | | | | | | | | |
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| Single Service Kitchen | 1.50 | | | | | | | | | | | | | | | | |

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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. | |

Grease Interceptor Variance Form



Submit to:
City of Missoula
Utility Permit Coordinator
435 Ryman St
Missoula, MT 59802

Applicants Request: _____

| 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 NECESSARY FOR VARIANCE:

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 an HGI

Additional Information:

| Question | Yes | No | Comments |
|---|--------------------------|--------------------------|----------|
| Will food be served on disposable dishware? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Will food be prepped on site? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Will food be cooked on site? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deep fat fryer present? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grill present? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has Health Dept been notified? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are there other plans or permits related to this request? | <input type="checkbox"/> | <input type="checkbox"/> | |

Variance Review Fee is due at time of submittal. \$187.00

FOR OFFICE USE ONLY:

Record # _____

Date Received/Staff Initials _____

Per Missoula Municipal Code 13.07.410

Approved

Approval Conditions:

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| |

Denied

Reasons for Denial:

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Recommended By:

City Plumbing Inspector

City Engineer of Utilities

Lab/Pretreatment Manager