

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
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6

1	Number of Meals Per Peak Hour (Recommended Formula): Seating Capacity <input type="text"/> X Meal Factor <input type="text"/> = Meals per Peak Hour <input type="text"/>		Notes:
	Establishment Type: Fast Food (45 min) 1.33 Restaurant (60 min) 1.00 Leisure Dining (90 min) 0.67 Dinner Club (120 min) 0.50		

2	Waste Flow Rate: Condition With a Dishwashing Machine 6 Gallons Without a Dishwashing Machine 5 Gallons Single Service Kitchen 2 Gallons Food Waste Disposer Only 1 Gallon		Notes:
	Flow Rate		

3	Retention Time Commercial Kitchen Waste Dishwasher 2.5 Hours Single Service Kitchen Single Serving 1.5 Hours		Notes:
	Storage Factor		

4	Storage Factor Kitchen Type 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		Notes:
	Storage Factor		

5	Calculate Liquid Capacity Multiply the values obtained from step 1, 2, 3 and 4. The result is the approximate grease interceptor size for this application	Notes:
---	--	---------------

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

Grease Interceptor Variance Form



Submit to:
City of Missoula
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?			
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. \$187.00

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:

City Plumbing Inspector

City Engineer of Utilities

Lab/Pretreatment Manager