

Step 1 Continued: Calculating Flow Rate:

$$\frac{(\# \text{ of compartments} \times [L \text{ (inches)} \times W \text{ (inches)} \times H \text{ (inches)}])}{231 \text{ cubic inches per gallon}} \times 0.75 = \text{Fixture Capacity Gallons}$$

OR

Pipe Size (inches)	Full-Pipe Flow (GPM) ¹	One-minute drainage period (GPM)	Two-minute drainage period (GPM)
2	20	20	10
3	60	75	35
4	125	125	75
5	230	250	125
6	375	400	200
2. 1/4 inch per foot based on Manning's formula with friction factor N = 0.012			

Step 2: Calculate Grease Capacity:

1. Menu Type (Table 3): _____ 2. Grease Factor (Table 3): _____ 3. Average Meals Per Day: _____

Multiply: Grease Factor x Average Meals Per Day = _____ (Daily Loading is the amount of FOG produced per day)

Multiply: Daily Loading x Number of Days: 30/60/90. Complete the table below

Grease Storage Capacity Calculation	Daily Loading	30 days**	60 days**	90 days
Grease Produced (lbs.)				

**Prior written approval by sanitary sewer system owner is required for a pump-out schedule of less than 90 days.

Note: The correctly sized and selected GCD(s) will have the minimum required flow rate determined in Step 1 and the minimum calculated grease storage capacity determined in Step 2.

2. Make/Model of Proposed New GCD*: _____

Flow rate (GPM): _____ Validated grease capacity* (lbs.): _____

The specification sheet for the proposed GCD must be submitted with this request form.

3. Is the material of construction compatible with a pH of 3? Yes No

4. If the answer to number 4 is "No", what material is the tank lined or coated with*: _____

*Must provide evidence that the liner or coating is compatible with a pH of 3 and that it cannot be easily penetrated, scraped off or removed. Acid Resistant Enamel (ARE) coatings are not allowed.

5. Name/Phone# of Certified Grease Hauler: _____ N/A

6. Name/Phone# of Used Cooking Oil Hauler: _____ N/A

Submit the completed Grease Control Device Sizing and Selection Worksheet HRSD at p3data@hrsd.com for approval along with all required documentation. Once approved, no substitutions shall be allowed without prior written approval from the sanitary sewer system owner.

For questions, contact Amanda Albright at 757-460-7024 or aalbright@hrsd.com

Signature of Applicant: _____ Date: _____

Table 3

Type	Menu	Grease Factor ->	without Fryer without flatware	without fryer with flatware	with fryer without flatware	with fryer with flatware
			A	B	C	D
1	Bakery		0.025	0.0325	0.035	0.0455
2	Bar and Grille		0.005	0.0065	0.025	0.0325
3	Barbeque		0.025	0.0325	0.035	0.0455
4	Breakfast Bar - Hotel		0.005	0.0065	0.025	0.0325
5	Buffet		0.035	0.0455	0.058	0.075
6	Burger and fries, fast food		0.025	0.0325	0.035	0.0455
7	Cafeteria		0.025	0.0325	0.035	0.0455
8	Caterer		0.005	0.0065	0.025	0.0325
9	Chinese		0.035	0.0455	0.058	0.075
10	Coffee shop		0.025	0.0325	0.035	0.0455
11	Convenience Store		0.005	0.0065	0.025	0.0325
12	Deep fried Chicken / seafood		0.035	0.0455	0.058	0.075
13	Deli		0.005	0.0065	0.025	0.0325
14	Family Restaurant		0.005	0.0065	0.025	0.0325
15	Frozen Yogurt		0.005	0.0065	0.025	0.0325
16	Greek		0.005	0.0065	0.025	0.0325
17	Grocery Bakery		0.005	0.0065	0.025	0.0325
18	Grocery Deli		0.025	0.0325	0.035	0.0455
19	Grocery Meat Department		0.025	0.0325	0.035	0.0455
20	Ice Cream		0.025	0.0325	0.035	0.0455
21	Indian		0.005	0.0065	0.025	0.0325
22	Italian		0.025	0.0325	0.035	0.0455
23	Mexican, fast food		0.025	0.0325	0.035	0.0455
24	Mexican, full fare		0.035	0.0455	0.058	0.075
25	Pizza		0.025	0.0325	0.035	0.0455
26	Religious Institution		0.005	0.0065	0.025	0.0325
27	Sandwich shop		0.005	0.0065	0.025	0.0325
28	Snack Bar		0.005	0.0065	0.025	0.0325
29	Steak and seafood		0.035	0.0455	0.058	0.075
30	Sushi		0.005	0.0065	0.025	0.0325