



Appendix B: Alternate Grease Control Device Sizing and Selection Form

Applicant/Owner Name: _____ Phone: _____

Food Service Establishment (FSE): _____ Email: _____

FSE Address: _____

Select all that apply: New Existing Change of Ownership Renovation

All locality permits still apply.

Existing GCD: Make and Model: _____ Unknown NA

Interior GCD _____ gpm/ _____ lbs.

Exterior GCD _____ gpm/ _____ lbs. or _____ Gallons

Name of Certified Grease Hauler: _____

NA will submit request to Self-Clean (GGI not applicable for self-cleaning)

FSE Grease Production (lbs.) Use Grease Production Table (Appendix D)

Menu Type: _____ Grease Factor: _____ Average Meals Per Day: _____

Complete the table below.

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

[Grease Factor x Average Meals Per Day = Daily FOG Loading]

[Daily FOG Loading x Number of Days (30/60/90) = Grease Produced]

Justification for installation of alternate GCD device: _____

Complete the Gravity Grease Interceptor or the Automatic Grease Removal Device section below.

Gravity Grease Interceptor

See *Gravity Grease Interceptor* and *Table 1*. Include the following documentation: kitchen plans, equipment schedule, menu, completed calculations for flow rate and liquid capacity, and GGI specifications sheet.

Will fixtures be indirectly connected? Yes No

List all fixtures that will be routed to the GCD: _____

Pipe Size (inches): _____

Full Pipe Flow (gpm): _____

Calculated GGI size (gallons): _____

Make and Model proposed GGI: _____

Which product standard does the GCD meet?

PDI-G101 ASME A112.14.3 ASME A112.14.14 CSA B481 IAPMO/ANSI Z1001 None

Installation location: _____

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

If the answer above “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.

Submit the completed form to p3data@hrsd.com along with all other required documentation Subject
“Attention FOG”. Approval will be sent in writing.

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

Signature of Applicant: _____ Date: _____

Automatic Grease Removal Device

See Hydromechanical *Grease Interceptor* and *Table 1*. Include the following documentation: kitchen plans, equipment schedule, menu, completed calculations for flow rate and liquid capacity, and ARGD specifications sheet.

List all fixtures connected to the GCD in column A. Complete B or C for flow rate by Fixture Volume

A	B			Or	C	
Fixture Type (i.e., 3-compartment sink, pre-rinse sink, dump sink, dishwasher, floor drain, wok, etc....)	Basin/Bowl Measurements (inches) L W H				Fixture Capacity Gallons	Pipe Size (inches)
			—			

For Pipe Diameter Sizing: list size of inlet pipe to ARGD: _____

Minimum Flow Rate Required: _____

Proposed ARGD Make/Model/Flow Rate: _____

Which product standard does the GCD meet?

PDI-G101 ASME A112.14.3 ASME A112.14.14 CSA B481 IAPMO/ANSI Z1001 None

Installation location: _____

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

If the answer above “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.

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Signature of Applicant: _____ Date: _____