



Post Office Box 1006
 Laurens SC 29360
 (864)682-3250
 Fax (864) 682-3260

Grease Interceptor Sizing Proposal

Date: _____

Facility Name: _____

Address: _____ **City:** _____

Contact Name and Title: _____

Phone: _____ **Email:** _____

Contact Address (if different): _____

Plumbing Contractor: _____

Type of Food Service Establishment (FSE)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Assisted Living / Nursing Facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Single Service Restaurant | <input type="checkbox"/> Grocery | |
| <input type="checkbox"/> School / Daycare | <input type="checkbox"/> Church | |

Grease Interceptor Sizing – Must not be less than the Ordinance minimum of 1000 gallons.

1. Peak meals per hour
 - a. Seating capacity of FSE _____
 - b. Occupancy of FSE _____*
 - c. Seating or occupancy x meal factor of 1.3 (45 minute meal) = Peak meals per hour _____
- * Church: include all area(s) used for meal service
- * Assisted Living / nursing facility: equal to maximum number of residents (per State license)
2. Waste flow rate, gallons of flow
 - a. Commercial, equipped kitchen with dishwasher & one garbage disposal* 7
 - b. Commercial, equipped kitchen with dishwasher, no garbage disposal 6
 - c. Commercial, equipped kitchen with no dishwasher, one garbage disposal* 6
 - d. Commercial, equipped kitchen with no dishwasher, no garbage disposal 5
 - e. Single service kitchen** 2
- * Each additional garbage disposal, add one (1) gallon
- ** Single service kitchen = no garbage disposal, no dishwasher and all service is single use
3. Retention time, hours
 - a. Commercial kitchen 2.5
 - b. Single service kitchen 1.5
4. Storage factor
 - a. Commercial Kitchen up to 8 hours of operation 1
 - b. Commercial kitchen up to 16 hours of operation 2
 - c. Commercial kitchen up to 24 hours of operation 3
 - d. Single service kitchen 1.5

Peak Meals per Hour	X	Waste Flow Rate	X	Retention Time	X	Storage Factor	=	Calculated GI Size
								Minimum 1,000 gallons

Proposed installation is as follows: _____

The following must be submitted for an official sizing request:

- Completed *Grease Interceptor Sizing Proposal* (completed by a professional engineer or licensed plumber)
- Kitchen plumbing blueprint
- Kitchen equipment list
- FSE site plan showing seating capacity OR square feet / occupancy
- Verification of current Grease Interceptor size by a professional engineer or licensed plumber (if applicable)

Submit above to:
Gene Steel, LCWSC FOG Program (864)682-3260 (fax) OR gsteel@lcwsc.com