



Alternate Grease Interceptor Approval Request

Gravity Grease Interceptor (GGI)

1. Peak flow rate for connected fixtures (Worksheet, Page 1): _____
2. Size of GGI* (gallons): _____
*multiply peak flow rate of connected fixtures times 30 minutes
3. What material is the GGI made from? _____
4. Is the material compatible with a pH of 3? Yes No
5. If the answer to number 4 is "no", what material is the tank lined or coated with*:

*recommended that the liner or coating is compatible with a pH of 3 and that it cannot be easily penetrated, scraped off or removed.

Reason for request: _____

Automatic Grease Removal Unit (AGRU)

1. Describe the fixtures to be connected: _____

2. Total Fixture Volume (Table 5): _____ Flow Rate GPM (one minute): _____
3. Make and Model of the AGRU proposed: _____

Reason for request: _____

Please submit the completed Alternate Grease Interceptor Approval Request to Water Services for approval along with any other required documents.

Applicant Name: _____ Phone: _____

Company: _____ Email: _____

Name of Establishment: _____

Signature of Applicant: _____ Date: _____