

GREASE CONTROL DEVICE SIZING & PERMITTING CHECKLIST

USE THE CHECKLIST TO HELP GUIDE YOUR BUSINESSES THROUGH THE PRETREATMENT PERMITTING PROCESS AND TO PROVIDE ALL REQUIRED DOCUMENTS FOR GREASE CONTROL DEVICE SIZING

ALL INFORMATION BELOW MUST BE RECEIVED TO PRIOR TO GCD INSTALLATION

The type(s) of grease control device(s) (e.g. gravity grease interceptor, hydromechanical grease interceptor).

Number of grease control devices and the capacity for each device (e.g. pounds, gallons).

Submit plumbing plans through the [Spokane County Plan Review Submittal](#) page that include plumbing and fixtures (both internal and external) from grease-receiving waste streams (e.g. 3-Compartment sink) connected to the grease control device(s). **Do not include non-grease receiving fixtures** (e.g. toilets, ice machines, floor drains in bathrooms).

Include the manufacturer and model of grease control device(s), and location of the device(s) on the plans.

Total Drainage Fixture Units (DFUs) Count used for sizing (e.g. a table with a list of fixtures and their associated DFU values).

Meals Per Peak Hour calculation and other considerations (e.g. dishwasher, food grinder).

SOURCES OF GREASE WASTEWATER IN SUBMITTED PLANS (ENTER A NUMERIC VALUE FOR EACH)

_____ Wok Sink	_____ Floor Drains	_____ Floor Sinks
_____ Dishwasher	_____ Food Grinder	_____ 3-Compartment Sinks
_____ Mop Sinks	_____ Prep Sink	_____ 2-Compartment Sinks
_____ Other _____		

CALCULATE THE TOTAL DFUs FROM SOURCES BY USING TABLE 1 IN THE GREASE CONTROL DEVICE SIZING & INSTALLATION POLICY _____ Total DFUs

CALCULATE THE MEALS PER PEAK HOUR FOR YOUR BUSINESS USING THE GREASE CONTROL DEVICE SIZING & INSTALLATION POLICY AND FACTORING IN ALL OTHER CONSIDERATIONS _____ Total estimated Meals Per Peak Hour

BASED ON THE CALCULATED TOTAL DFUs AND MEALS PER PEAK HOUR, PROVIDE THE SIZE, TYPE, MANUFACTURER, AND MODEL OF GREASE CONTROL DEVICE(S)

_____ Size of Gravity Grease Interceptor (gallons)	_____ Size of Hydromechanical Grease Interceptor (gpm)
_____ Manufacturer & Model	_____ Manufacturer & Model

Please fill out and once completed, submit via the [Spokane County Plan Review Submittal](#) page.

Business Name/Project _____
Address/Parcel _____