



GREASE TRAP INSTALLATION/REGISTRATION

(CONTRACTOR ONLY)

PERMITS ARE REQUIRED TO BE ISSUED PRIOR TO START OF WORK.
FOR CITY TO PROCESS, APPLICATION MUST BE COMPLETE

PERMIT NUMBER:

Must use Permit Number to request inspection.

Check item that apply:

- Request for approval for installation an on site grease trap in an established facility. Estimate, Bid or Contract Amount for work to be
- Request for a Grease Trap of less than 450 Gallon capacity. Performed: \$ _____

Name of Bus.: _____ Bus. Phone: _____
 Address: _____ Date: _____
 Name of Business Owner: _____

Name of Plumbing Co.: _____ Phone: _____

Grease traps, fixtures and all plumbing must be permitted and installed by a licensed plumbing contractor.

1. Calculate the cubic inches in each fixture. (Show all calculations on back of page)

Size of fixture #1: width _____ x depth _____ x height _____ = _____ cubic inches.

Size of fixture #2: width _____ x depth _____ x height _____ = _____ cubic inches.

_____ Total cu. in. all fixtures.

Do this for each compartment and fixture draining into the grease trap and add results into one total.

2. Convert to U. S. Gallon capacity.

Take total cubic inch capacity _____ (cubic inches) and divide by 231 = _____ (U.S.Gallon capacity).

3. Reduce gallon capacity to allow for sink being full of pots and pans.

Multiply _____ U.S. gallon capacity x 75% = _____ U.S.Gallon Per Minute flow grease trap must handle.

By determining the US GPM, you can now determine the **minimum** size of grease trap required for this fixture.

4. Minimum size of grease trap required: (Attach a copy of the manufactures detail sheet for the unit.)

Manufacture: _____ Model No: _____

Capacity US GPM: _____ Capacity LBS. of Grease: _____

(If this grease trap is to be constructed on site, a scale drawing showing required details must be submitted with each Grease Trap application.)

5. How often does the owner and plumber estimate this trap will be cleaned in this installation:

daily every 2 days every 3 days every 4 days every 5 days

weekly every 2 weeks every 3 weeks once a month

6. Manufactures information on make and model, capacity of grease trap must be attached.

7. This Authorization of a grease trap less than 450 gallons may be revoked immediately by the Building Official or the Director of Utilities at any time it is found that the grease trap is not being maintained, serviced properly; if any grease is found in the building sewer or city sewer line downstream from the grease trap; or for other due cause.

8. This request is not transferable to any other business, owner or location.

NOTE: DO NOT REQUEST AN INSPECTION WITH THE SUBMITTAL OF THIS FORM. THIS FORM IS FOR THE PROCESSING OF PAYMENTS ONLY. WORK STARTED PRIOR TO THE ISSUE OF A PERMIT IS SUBJECT TO PENALTIES AND CITATIONS AS PER THE ORDINANCES FOR THE CITY OF ODESSA.

OWNER OF BUSINESS

Name: _____
 Home Address: _____
 City: _____ Zip: _____
 Phone: _____
 Date: _____
 Signature: _____

Must be signed by owner of business or property.

LICENSED PLUMBER INSTALLING TRAP

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Date: _____
 Signature: _____

Must be signed by plumber.

(Below for city use only.)

UTILITY DIVISION

Approved Not Approved

By: _____ Date: _____

Issued By: _____ Date: _____

BUILDING INSPECTION DIVISION

Approved Not Approved

By: _____ Date: _____

Fee: \$ _____

