

**ELIZABETHTOWN DEPARTMENT OF WATER AND WASTEWATER  
200 WEST DIXIE AVENUE, POST OFFICE BOX 550  
ELIZABETHTOWN, KENTUCKY 42702 - 270/765-6121**

**GREASE TRAP APPLICATION**

NAME OF COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS OF FACILITY \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

<b>FIXTURE</b>	<b>QUANTITY</b>	<b>FIXTURE COUNT</b>	<b>TOTAL</b>
3 Compartment Sink	_____ X	_____ =	_____
2 Compartment Sink	_____ X	_____ =	_____
Dishwasher	_____ X	_____ =	_____
Garbage Grinder	_____ X	_____ =	_____
Wok Stove	_____ X	_____ =	_____
Floor Drains (2", 3", 4")	_____ X	_____ =	_____
Floor (mop) Sinks (3", 4")	_____ X	_____ =	_____
<b>TOTAL FIXTURE COUNT = _____</b>			
Total Fixture Count <input type="text"/> x 20 x 3 = <input type="text"/> (Grease Trap Size – Gallons)			

**WATER METER APPLICATION APPROVAL**

(FOR OFFICE USE ONLY)

APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO

REMARKS \_\_\_\_\_

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_