



Grease Trap Application

CITY OF ELIZABETHTOWN

Name of Business _____

Contact Name _____ Phone (____) _____

Address of Business _____

Signature _____

Title _____

This the _____ Day of _____ 20_____

Only fill in the Quantity column below. The Wastewater Department will fill out the Total column to calculate the Total Fixture Count and Grease Trap Size.

Fixture	Quantity		Fixture Unit		Total
3-Compartment Sink		X		=	
1 or 2-Compartment Sink		X		=	
Dishwasher		X		=	
Garbage Grinder (3/4 hp)*		X		=	
Wok Stove		X		=	
Floor Drains		X		=	
Mop Sinks		X		=	
* Garbage grinders over 3/4 hp will require approval and will increase the fixture count			Total Fixture Count = _____		
Total Fixture Count _____ X 20 X 3 = _____			(Grease Trap Size – Gallons)		

GREASE TRAP APPLICATION APPROVAL

(For Office Use Only)

Approved _____ YES _____ NO

Remarks _____

Signed By _____ Title _____

This the _____ Day of _____ 20_____

Please email the completed form to: tom.sanders@elizabethtownky.gov

OR Send to: Tom Sanders
Operations Manager
2501 Gaither Station Road
Elizabethtown, KY 42701
Fax: (270) 737-6048