



# CITY OF HENDERSON

240 Water Street  
P. O. Box 95050  
Henderson, NV 89009  
[www.cityofhenderson.com](http://www.cityofhenderson.com)

**Department of Utility Services**  
Phone 702-267-2700  
Fax 702-267-2701

**Building and Fire Safety**  
Phone 702-267-3600  
Fax 702-267-3601

## GREASE INTERCEPTOR ALTERNATIVE METHOD OF DESIGN

### Provide Equivalency

APPROVED       DISAPPROVED

**INTRODUCTION:**

Date: \_\_\_\_\_ Building Permit #: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**ORDINANCE AND CODE REQUIREMENTS:**

**Department of Utility Services**

The City of Henderson (City) Pretreatment Program regulates discharges to the City's publicly owned treatment works under the authority granted to the Department of Utility Services under Henderson Municipal Code (HMC) Chapter 14.09. Section 14.09.080 requires that a grease interceptor be installed by any facility with the potential to discharge fats, oils, and grease (FOG) into the City's publicly owned treatment works. As a result, most food service establishments fall under this requirement.

**Building and Fire Safety**

The Uniform Plumbing Code as adopted by the City of Henderson requires a grease interceptor be provided for proper handling of liquid wastes containing grease. A grease interceptor shall be installed in any commercial establishment where grease may be introduced into the sewer system. This includes:

- any business establishment with kitchen facilities including restaurants, cafes, lunch counters, cafeterias, supermarkets, convenience stores, bakeries, bars and clubs, hotels, hospitals, sanitariums, factory or school kitchens;
- any fish, fowl and animal slaughterhouse or establishment;
- any fish, fowl and meat packing or curing establishment;
- any soap factory, tallow rendering, fat rendering and hide curing establishment; or
- any other establishment from which grease is likely to be discharged into the sewer system.

Each grease interceptor shall serve only one business establishment.

**REQUEST:**

I am requesting the following for the above listed business:

- This business has very limited amounts of fats, oils or grease that may enter the sewer system and I wish to provide no protection for the sewer system.
- This business has limited amounts of fats, oils or grease that may enter the sewer system and I wish to provide other means of protection (such as a hydromechanical grease interceptor) for the sewer system. I am proposing to use \_\_\_\_\_.
- I wish to provide a grease interceptor that will serve more than a single business. I have enclosed documents indicating the businesses that will utilize the interceptor, the operation of such businesses, and the responsible party for the maintenance of the interceptor.

**JUSTIFICATION:**

Provide supporting data such as;

- Menu, either completed or in outline form
- List/description of food products purchased
- List of kitchen and food preparation equipment
- List of food preparation utensils
- List/description of utensils and tableware used for food service
- Description of food packaging for “to-go” items
- Description of the process for all food preparation
- Description of all cleaning processes
- Additional supporting data such as: drawings, sketches, technical reports, data sheets, modeling, calculations, etc. Attach separate sheets as necessary.

---

---

---

---

---

---

---

**SUBMITTED BY:**

If prepared by a registered professional provide a “wet seal”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Phone

\_\_\_\_\_  
Company Fax

**OWNER ACKNOWLEDGEMENT:**

Owner’s or owner’s Authorized Representative acknowledgement of this request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Phone

\_\_\_\_\_  
Company Fax

**DETERMINATION:**

Mark check box on first page.

**Department of Utility Services**

**Building and Fire Safety**

Reviewed By:

Reviewed By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Conditions of approval**

- Any operational change from this submittal may void this approval. An operational change includes any portion of the submittal such menu change, food preparation change equipment change, tableware or utensil change, cleaning process change, ownership change, etc. If the approval is voided the business must be made fully compliant with the codes and ordinances. It may be possible to provide another “Grease Interceptor Alternative Method of Design” at that point that includes the new information.
- Separate approvals may be required from the Southern Nevada Health District.

**Additional Conditions of Approval**

---

---

---

---

---

---

---

---