

The Town of Alpine passed the following Emergency Ordinance at the July 3, 2007 Town Council Meeting.

160-ORDINANCE NO. 2007-16

AN EMERGENCY ORDINANCE TEMPORARILY ADOPTING THE GREASE TRAP/INTERCEPTOR POLICY.

WHEREAS, due to recent problems concerning the Town of Alpine Wastewater Treatment Facility related to grease and sand concentrations; and

WHEREAS, the policy on the attached document sets forth, with specificity, the requirements for business owners to comply with the Town of Alpine 145 Ordinance 2007-01; and

WHEREAS, the Town Council of the Town of Alpine is responsible for the health, safety and welfare of its residents.

NOW, THEREFORE BE IT ORDAINED BY THE GOVERNING BODY OF THE TOWN OF ALPINE, WYOMING, THAT:

Section 1. The attached Administrative Policy on Grease Trap/Interceptors is hereby incorporated by reference into this Ordinance and made a part hereof.

Section 2. The attached policy is intended to provide the specifics of compliance with Section 11 of Exhibit A to 145 Ordinance No. 2007-01

Section 3. Any Ordinance or parts of ordinances that may be in conflict herewith are hereby repealed.

Section 3. Adoption of this ordinance shall be by emergency ordinance provisions under suspension of rules and approved by not less than  $\frac{3}{4}$  of the qualified members of the governing body as required and set forth in W.S. §15-1-115. This ordinance shall take effect immediately upon signing.

Passed on the 3rd day of July, 2007. VOTE: 5 YES 0 NO 0 ABSTAIN 0 ABSENT.

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Kimberlee Jansen, Clerk

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**Star Valley Independent Information:**

Publication Dates/ Legal Section: July 12, 2007

BILL TO: Town of Alpine  
PO Box 3070  
Alpine, WY. 83128

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TOWN OF ALPINE  
CLERK

DATE POSTED: July 5<sup>th</sup>, 2007

POSTING TERM: Approx. 7 days

DATE ENDED: July 12<sup>th</sup>, 2007

LOCATION: Clerk's office; website; SVI Newspaper

CLERK'S INITIALS: KJ

CLERK'S TRACKING #: SVI-2007-25

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**FAXED CONFIRMATION:** SVI staff—**Please** fill out below and fax this sheet back to the Town as confirmation you received this request. **Fax # 654-7454**

\_\_\_\_\_  
(Printed Name- SVI Employee)

\_\_\_\_\_  
Date