JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT

Pollution Control Division

Application for Grease Interceptor Operating Permit

This application must be returned to the JCED within fourteen (14) days of receipt.

Annual Fee: $288.75

Check form of payment enclosed: ☐ Money Order ☐ Cash ☐ Check

GIOP#
Internal Use Only

Facility Name: _____

Facility Address: _____
Street City State Zip

Facility Contact: _____

Facility Phone: _____ Facility Fax: _____

Local Facility Contact Person: _____
(if different form above)
Local Facility Contact Address: _____
(if different from above)

_____ _____ _____ _____
Local Contact E-mail Local Contact Phone Local Contact Cell Phone Local Contact Fax

Legal Owner Name: _____
(i.e. My Restaurant LLC)
Legal Owner Address: _____
Street City State Zip

_____ _____ _____ _____
Owner E-mail Owner Phone Owner Cell Phone Owner Contact Fax

Name of current or proposed Johnson County-Licensed Sanitary Disposal Contractor (pumper) _____

Does your facility use additives to the grease interceptor? If yes, what _____

Where do you want renewal notices sent? ☐ Facility ☐ Local Contact ☐ Owner

The undersigned applicant for a grease interceptor operating permit hereby acknowledges that qualification for the issuance and continuation of such permit is contingent upon the allowance of periodic unannounced inspections of the regulated grease interceptor and the grease interceptor binder required to be maintained on-site by authorized inspectors as required by the Johnson County Code of Regulations for Sanitary Sewer Use, 2003 Edition, adopted by Resolution No. W.D. 120-02, and hereby consents to such periodic inspections. The Environmental Department may deny or revoke a permit, impose permit conditions, or impose penalties upon evidence that a facility is operating out of compliance with the requirements of the Code. It is a violation of the Code to discharge wastewater to the sewer system without a valid grease interceptor operating permit.

_____ _____ _____ _____
Signature of Owner/Representative Title Printed Name of Owner/Representative Date