



Wichita Falls-Wichita County Public Health District
Laboratory/Water Pollution
1700 Third Street, Wichita Falls, Texas 76301
VOICE: 940-761-7836, FAX: 940-761-7878

**APPLICATION FOR PERMIT AND/OR RENEWAL OF
PERMIT TO DISCHARGE THROUGH A GREASE INTERCEPTOR**

GREASE GENERATOR QUESTIONNAIRE

Facility Name: _____

Facility Address: _____

Business Mailing Address: _____

DESIGNATED SIGNATORY AUTHORITY OF THE FACILITY

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

DESIGNATED FACILITY CONTACTS

Primary Contact: _____ Phone No.: _____

Alternate Contact: _____ Phone No.: _____

Briefly describe nature of business: _____

GREASE INTERCEPTOR INFORMATION

Location of Grease Trap: Outside Under Sink Other (Please Specify) _____

Size (in Gallons) of grease trap: _____

Liquid Waste Hauler: _____ Service Frequency: _____

AUTHORIZED REPRESENTATIVE SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed or Typed Name

Title

Phone

Signature

Date