

## Food Service FORM C - Pumping Variance Application

Must Be Included In Submission:

- **Check for \$348.00**

**Application will not be accepted without the check**

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Contact name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact cell phone: \_\_\_\_\_

Johnson County Sanitary Disposal Contractor: \_\_\_\_\_

Date and time of next interceptor pumping: \_\_\_\_\_

**Please coordinate with your Disposal Contractor and JCW (913-715-8520) so a JCW staff member is present to witness the pumping. A facility representative should also be present.**

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

\_\_\_\_\_  
Signature of owner/representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of owner/representative

Submit to:

Johnson County Wastewater  
Attn: Permit Group  
11811 S. Sunset Drive, Suite 2500  
Olathe, KS 66061-7061

For Internal Use Only  
GIOP # \_\_\_\_\_  
CHECK # \_\_\_\_\_  
DATE \_\_\_\_\_