



Food Service FORM C - Pumping Variance Application

Must be included in submission:

- **Check for \$300.00 made payable to: City of Gardner.**

Application will not be accepted without the check

Facility name: _____

Facility address: _____

Contact name: _____

E-mail: _____

Contact phone: _____ Contact cell phone: _____

Sanitary Disposal Contractor: _____

Date and time of next interceptor pumping: _____

Please coordinate with your Disposal Contractor and City of Gardner (913-856-0980) so a Gardner 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:

City of Gardner Wastewater Attn: FOG Permit Group 1150 E Santa Fe St. Gardner, KS 66030
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For Internal Use Only GIOP # _____ CHECK # _____ DATE _____
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