



Grease Trap Application

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Facility # _____

Date Received _____

For Office Use Only

Incomplete Applications will not be approved

Name of Establishment: _____ Establishment Phone: (____) _____

Establishment Address: _____ City/State/Zip: _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

Billing Name: _____ Billing Phone: (____) _____

Billing Address: _____ City/State/Zip: _____

Emergency Contact Person: _____ Phone: (____) _____

Establishment Description: For Profit Non-Profit (Tax Exempt Number) _____

Please check the appropriate box/boxes that best describes your establishment:

GREASE TRAP INFORMATION

Number of Grease Traps: _____ Size/s (in gallons): _____

Location/s: Outside Under 3 Compartment Sink Other (please specify) _____

Liquid Waste Hauler: _____ Service Frequency: _____

OTHER INFORMATION

FEES

\$81 x _____ Number of Grease Traps

TOTAL PERMIT FEES DUE

\$

I (we) apply for a permit to discharge through a grease interceptor and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date