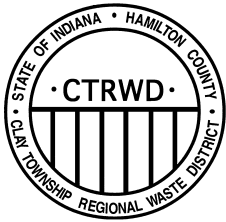


Appendix B



Clay Township Regional Waste District FOG Modification Request Form

Administrative Office Phone: 317-844-9200 Fax: 317 844 9203 www.ctrwd.org
Plant Office Phone: 317-873-0563 Fax: 317-873-0564

Submittal of this form does not guarantee a modification will be granted. The grant of a modification based on this form may be revoked at any time if wastewater is identified as having a negative impact to the health, safety, and welfare of others, or if circumstances warrant. A modification only applies to the specific part of the ordinance mentioned in this form and not for any other part. This form will not be reviewed if it is found to be incomplete.

Date Received:
Reviewed:
Granted/Denied:
Fee Paid: Yes No

____ Modification Form Fee Paid

Part A. Applicant Information

Date of submittal of modification form: _____
Date by which modification is needed: _____
Name of Applicant: _____
Name of Facility: _____
Facility Address: _____
Name of Owner of the building where the Facility is located

Part B. Basis for modification request (If further space is required in the completion of this form attach additional pages)

Please specify the part of the FOG ordinance you wish the District to modify for your Facility:

Please explain the modification you are proposing:

Please explain the reason for this request:

Part C. Need for modification support documents

Please attach documentation that will help support your modification request.

Part D. Agreement

By this signature, the applicant indicates understanding that the submittal of this form does not guarantee a modification will be granted and the granting of this modification does not permit non-compliance to any other part of the FOG ordinance. The District reserves the right to revoke this modification grant .

Signature: _____

Date: _____