



APPLICATION FOR VARIANCE OF MAINTENANCE FREQUENCY

Facility Name	
Facility Address	
Phone	
Contact Person	
Name of Maintenance Firm	
Address	
Phone	
Contact Person	
License or Permit #	
Next Maintenance Date	
FACILITY SIGNATURE: _____ DATE: _____	

MAINTENANCE REQUIREMENTS (TO BE COMPLETED BY GRU)

	Required Pumping Frequency
	< 30 days
	30 days
	60 days
	90 days
	180 days
	1 year
	One-time pump-out based on inspection by GRU
SIGNATURE: _____ DATE: _____	