

**Grease Management
Permit Program
Plumbing Inspection Form**

City of Junction City

700 N. Jefferson St.
PO Box 287 ATTN: Public Works
Junction City, KS 66441
PH: 785-238-7142 F: 785-210-1916
www.junctioncity-ks.gov



Facility Name: _____

Facility Street Address: _____

Phone Number: _____ Fax Number: _____

Designated Contact Person: _____

Permit number of device being inspected: _____

Location of device: _____

Item	Description	Status
1.	Was the grease removal device empty at time of inspection?	Y / N
2.	Is grease removal device present and easily accessible for inspection?	Y / N
3.	Are all visible walls, casings, tops, lids and/ or manholes present and in good condition?	Y / N
4.	Are baffles in good condition and correctly installed to ensure proper operation of grease removal device?	Y / N
5.	In your best professional judgment, is the grease removal device operating continuously, effectively, and as designed?	Y / N

General Comments:

I certify that the information above is true and accurate to the best of my knowledge and ability.

Signature of Licensed Plumber

License Number

Printed Name

Company Name

Signature of Facility Representative

Title

Printed Name

Date

Completed forms can be faxed to 785-210-1916 or mailed to: City of Junction City, 700 N. Jefferson St., PO Box 287, Attn: Public Works, Junction City, KS 66441