General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments

FACILITY REGISTRATION

REGISTRATION INFORMATION

DATE: _____________________________

1. Facility Information

Facility Name: ________________________________________________________________
Physical Address: ___________________________________________________________________________________

2. Contact Information (Mailing/Billing Address)

Name: ____________________________________________________________________________
Mailing Address: ____________________________________________________________________________
City/Town: ___________________________ State: ________ Zip: __________
Business Phone: ____________________ Ext: ________ Fax: __________________________
Contact Person: ______________________ Title: __________________________
Email: ____________________________________________________________________________

3. Property Owner (if applicable):

Owner Name: ________________________________________________________________________________
Mailing Address: ____________________________________________________________________________

4. Please check the appropriate menu classification (Health Department License Class):

_____ Class I – Commercially prepackaged food and/or hot and cold beverage only.
_____ Class II – Cold ready to eat commercially processed food and/or hot/cold beverages.
_____ Class III – Preparation of hot food items which are consumed within 4 hours.
_____ Class IV – Preparation of hot food items which are held for more than 4 hours.

5. Please choose the one description that describes the facility for which this registration is being made:

_____ Fast Food Restaurant    _____ Full Service Restaurant    _____ Catering Facility
_____ Seasonal Restaurant    _____ Coffee Shop    _____ Bakery
_____ Supermarket    _____ Hospital    _____ Nursing Home
_____ College/University    _____ Club/Organization    _____ Company/Office Building
_____ Other (please describe) ____________________________________________________________________________
6. Please indicate each item that you currently have in your facility's food preparation, cooking and clean up area. Please include the quantity of each. If none, denote with a zero.

______ Grill  _______ Oven  _______ Dishwasher  
______ Pre-Rinse Sink  _______ Mop Sink  _______ Deep Fryer  
______ Floor Drains  _______ Tilt Kettle/Crock Pot  _______ Garbage Disposal  
______ 3 Bay Pot Sink  _______ 2 Bay Pot Sink  _______ Single Bay Sink  
______ Hand Sink  
______ Other Equipment (i.e. Wok Station) 

7. What is the seating capacity at your facility?

8. What are the days and hours of operation?

9. Please complete the following for the type of Outdoor In-Ground Grease Trap, Indoor Passive Grease Trap or Automatic Grease Recovery Unit (AGRU) installed:

Manufacturer ____________________________ Size (gal or lbs.) ______________
Passive ____________________________ Automatic ____________________________
Outdoor ____________________________ Indoor ____________________________
Location (i.e. under sink, outside) ____________________________________________

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Passive ____________________________ Automatic ____________________________
Outdoor ____________________________ Indoor ____________________________
Location (i.e. under sink, outside) ____________________________________________

Manufacturer ____________________________ Size (gal or lbs.) ______________
Passive ____________________________ Automatic ____________________________
Outdoor ____________________________ Indoor ____________________________
Location (i.e. under sink, outside) ____________________________________________

10. If an INDOOR grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?

______ Trash  _______ Recycle  _______ Contractor disposes of grease  
______ Other explain: ____________________________________________

11. Do you use any additives in your grease traps, floor drains, sewer lines, etc. to help clean them?

______ Yes  _______ No
12. **If a contractor cleans the INDOOR or OUTDOOR grease removal device(s).** Please list the following:

Contractor Name: ___________________________________________________________
Telephone Number: ___________________________________________________________________________
Frequency of Cleaning: ___________________________________________________________

13. **Do you recycle the grease generated at the facility?** If yes, please provide name and contact information of the company.

Contractor Name: ___________________________________________________________
Telephone Number: ___________________________________________________________________________

14. **Is there a recycling container on-site?** If yes, please indicate how many and the location of each?
_______________________________________________________________________________
_______________________________________________________________________________

15. **PLEASE ATTACH A COPY OF YOUR MENU TO THIS REGISTRATION**

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******CERTIFICATION*******
I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.
Name: _____________________________ Title: _____________________________
Signature: ___________________________ Date: ___________________________

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PLEASE NOTE:

Food Preparation Establishments shall be subject to inspection by the Town on a regular basis to determine whether the requirements set forth in the General Permit are being met. Inspections may include but are not limited to: a facility walkthrough and review of quarterly grease trap inspection logs, and cleaning and maintenance logs.

In the event that a Food Preparation Establishment’s Grease Interceptor or AGRU fails a visual or effluent sample analysis inspection, the Town will issue a written notice of violation for the non-compliant condition. The Food Preparation Establishment shall take immediate steps to bring the establishment into compliance.

Please note the registrant must reapply for a new registration 30-days prior to the following:

- Expiration date of the 2-year approval period or;
- Any significant changes that would increase the potential for fats, oils, and grease in the discharge or;
- Change of ownership.

If you have any questions or concerns contact WPCA by phone at 860-675-2545 or by email at fogprogram@farmington-ct.org.

Send the original signed completed Registration form and any supporting documentation to:

Farmington WPCA
FOG Program
1 Monteith Drive
Farmington, CT 06032

AK/ks
12/30/2015
Fog Registration