

Wastewater Discharge Registration Application for Restaurants & Food Preparation Establishments

What is this form and why is it necessary?

This form, when completed and submitted to the Town Of Suffield WPCA, will provide registration of your restaurant or food handling facility in the Town Of Suffield WPCA's fats, oils, and grease (FOG) Pretreatment Program. This FOG Pretreatment Program is being established in compliance with the Connecticut Department of Environmental Protection's *General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments*. All class III and Class IV restaurants and food handling facilities with the Town Of Suffield must complete this form and return it to: *844 East Street South, Suffield, CT 06078*. This application will assist in determining if your establishment requires improvements to its fats, oils, and grease (FOG) handling facilities for approved wastewater discharge. It will also help in establishing a database for tracking FOG disposal.

How to complete and submit this form.

Please print legibly in black or blue ink or type your answers. Answer **ALL** questions unless the form specifically instructs otherwise. The form will be returned to your place of business if a question is left unanswered. If a question does not apply to your facility, write "not applicable" or "N/A" and explain why it is not applicable. Attach a copy of your menu, if available, to the application and keep one copy of this completed form for your records.

Who must complete this document?

Any restaurant or food handling facility that has a kitchen for the purpose of preparing foods and/or conducting washing operations to clean pots, pans, dishes, and/or utensils. Examples of such facilities are restaurants, schools, colleges, universities, hospitals, nursing homes, clubs, and organizations, office buildings with cafeterias, supermarkets, coffee shops, etc.

Send the original signed and completed form to:

844 East Street South, Suffield, CT 06078

Please noted that the discharge of wastewater from an unregistered food preparation facility may be in violation of the DEP's *General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments*. Violation of the General Permit may subject the violator to action by the DEP. Should you require assistance in completing this document contact:

Town Of Suffield WPCA at (860) 668-3853

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Please print or type

1. Do you or your company own more than one building that prepares or processes food and generates a wastewater discharge?
 Yes No Don't Know

2. Please choose the one description that describes the facility for which this application is being made.

<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Drive through (only) Restaurant	<input type="checkbox"/> College/University
<input type="checkbox"/> Seasonal Restaurant	<input type="checkbox"/> Club/Organization
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Company/Office Building
<input type="checkbox"/> Bakery	<input type="checkbox"/> Other (please describe below)
<input type="checkbox"/> Supermarket	_____

3. Please check the item below that applies to your facility.

Existing Sewer Discharge Proposed (new) Sewer Discharge

Existing Septic Discharge Proposed (new) Septic Discharge

4. Company Name: _____

5. Facility Premise Address: _____

6. Facility Mailing Address (If different from premise address):

7. Business Phone Number: _____
Alternate Phone Number: _____
Fax Number: _____
e-mail Address: _____

8. Does this company own or rent the building? Own Rent

9. Property Owner's Name: _____

10. Property Owner's Address: _____

11. Designate Company Organization:
 Sole Proprietorship Corporation Partnership

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If your company organization is designated as a corporation, then complete number 12 below. If it is designated as a partnership or sole proprietorship, complete number 13.

12. A corporation organized under the laws of _____.

	<u>Name</u>	<u>Home Address</u>	<u>Home Phone</u>
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

13. Name, Title, and Home address of company owner(s) if sole proprietorship or partnership:

Name: _____ Title: _____
 Home Address: _____
 Home Phone: _____

Name: _____ Title: _____
 Home Address: _____
 Home Phone: _____

Name: _____ Title: _____
 Home Address: _____
 Home Phone: _____

14. Seating capacity at your place of business, please check the appropriate line.

_____ 0 to 50 _____ 51 to 100 _____ 101 to 250 _____ over 250

15. Please check each day that your business is open.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
 Saturday _____ Sunday _____

16. Please check the meals that are served at your facility.

Breakfast ___ Lunch ___ Dinner ___ Snack/Coffee ___ Food Prep. Only ___

17. Does this facility have a grease trap?

_____ Yes _____ No _____ Not Sure

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18. Please check each of the items listed below that are present in your kitchen facility:

- | | | | | |
|-----------------------|------------------------------|-----------------------------|------------------|----------------------|
| A. Fryolators | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| B. Grills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| C. Ovens | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| D. Tilt kettles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| E. Garbage grinder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| F. Three-bay pot sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| G. Two-bay sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| H. Single-bay sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| I. Pre-rinse sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| J. Dishwasher | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |
| K. Mop sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many | <input type="text"/> |

19. If your kitchen facility has grills and/or ovens which type of exhaust cleaning system do you use to clean the filters?

- Automatic cleaning system Manual cleaning system

20. If you manually clean your exhaust hood filters, where are they cleaned?

- Off-site (contractor)
 On-site

Please describe in detail if onsite. (i.e. 2-bay sink, 3-bay sink, dishwasher, floor drain, outside parking lot drain, other) _____

If you answered yes to question 17, please complete questions 21 through 26.

21. Please complete the following for EACH installed grease trap.

- A. Manufacturer _____ size (gallon) _____ or (pounds) _____
 Passive _____ Automatic _____
 Indoor _____ Outdoor _____
 Location _____
 (i.e., under 3-bay sink, in basement, outside in-ground, other)

Which choice below best describes how often this grease trap is cleaned?
PLEASE CHOOSE ONE:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Every Six Months |
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Never Clean It |

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B. Manufacturer _____ size (gallons) _____ or pounds) _____
 Passive _____ Automatic _____
 Location _____
 (i.e., under 3-bay sink, in basement, outside in-ground, other)

Which choice below best describes how often this grease trap is cleaned?
 PLEASE CHOOSE ONE.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Every Six Months |
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Never Clean It |

If more than two grease traps are installed, please attach additional information on the other grease traps at the end of the application.

22. When the indoor grease trap(s) are cleaned, how do you dispose of the waste after cleaning the trap? PLEASE SELECT ONLY ONE.

- Trash
 Mix with other grease stored on premise (i.e. fryolator grease, etc.)
 Contractor/Pumper disposes of grease

23. If a contractor cleans the indoor grease trap, please list the following:

Company Name _____
 Business Phone Number _____

24. If waste fats, oils, and grease are stored on the premise from fryolators or other sources, where is this material stored?

- Inside building Outside building

25. If an outdoor in-ground grease trap(s) are utilized, list the name and telephone number of the company who pumps out the trap.

Company Name _____
 Business Phone Number _____

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

- Yes No

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this application.

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Enzymes | <input type="checkbox"/> Bacteria |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Other |

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27. Estimated water usage per year (Refer to water bill for this information.)
Either, _____ gallons or _____ 100 cubic feet.

28. Designation of Authorized Agent:

I, _____ certify that I am the _____ of
(name) (title)

_____ and that _____ is authorized to
(business name) (name)

make submittals to the {Agent} on behalf of _____ and that said
(business name)

submittals are duly signed for and on behalf of said corporate powers.

(signature)

Corporate Seal/Authorized Agent

**Please attach a copy of the menu if available, and MSDS sheet(s) as described in
question 26.**