



# General Permit for the Discharge of Wastewater Associated with Food Service Establishments

## VARIANCE APPLICATION FORM

**APPLICANT INFORMATION:**

**DATE:** \_\_\_\_\_

**1. Contact Information (Mailing/ Billing Address)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) - \_\_\_\_\_ ext: \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Facility Information**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City or Town of Activity: \_\_\_\_\_

**3. Property Owner (if applicable):**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

_____ Class 1	_____ Class 3
_____ Class 2	_____ Class 4

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

- |                               |                                     |
|-------------------------------|-------------------------------------|
| _____ Fast Food Restaurant    | _____ Hospital                      |
| _____ Full Service Restaurant | _____ Nursing Home                  |
| _____ Deli                    | _____ College/University            |
| _____ Seasonal Restaurant     | _____ Club/Organization             |
| _____ Coffee Shop             | _____ Company/Office Building       |
| _____ Bakery                  | _____ Other (please describe below) |
| _____ Supermarket             | _____                               |



**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.**

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

**7. Is food prepared on-site or delivered precooked from another location?**

\_\_\_\_\_

\_\_\_\_\_

**8. Is there any dishwashing occurring at the facility?** (Please provide a brief description of quantity and type)

\_\_\_\_\_

\_\_\_\_\_

**9. What is the seating capacity at your facility?** \_\_\_\_\_

**10. What are the days and hours of operation?** \_\_\_\_\_

**11. If installed at your site please provide the following information about the type of Outdoor In-Ground Grease Trap, Indoor Passive Grease Trap or Automatic Grease Recovery Unit (AGRU) or Super Capacity Grease Interceptor (SCGI) installed. (If no grease trap is installed leave this blank and go to 14 on the next page.)**

Manufacturer	_____	Size (gal or lbs)	_____
Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

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

_____ Trash	_____ Other explain:
_____ Renderer/ Recycle	

**13. If a contractor cleans the INDOOR or OUTDOOR grease removal device (s); please list the following information:**

Contractor Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Frequency of Cleaning: \_\_\_\_\_



**14. PLEASE ATTACH A COPY OF YOUR MENU TO THIS APPLICATION**

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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 District 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 inspections 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 District 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 variance 30-days prior to the following:

- expiration date of the 3-year approval period or;
  - any significant changes that would increase the potential for fats, oils, and grease in the discharge or;
  - change of ownership.
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**If you have any questions or concerns contact Magen Bakaj by phone at 860-278-7850 ext 3239 or by email at [mbakaj@themdc.com](mailto:mbakaj@themdc.com).**

**Send the original signed completed Variance Application form and any supporting documentation to:**

The Metropolitan District  
Attn: Utility Services  
125 Maxim Road  
Hartford, Connecticut 06114

MDC USE ONLY:

Date Received by MDC: \_\_\_\_\_

Expiration Date: \_\_\_\_\_