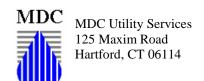


Tel: (860) 278-7850 Fax: (860) 251-8350

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

VARIANCE APPLICATION FORM

APPLICANT INFORMATION:			DA	ATE:		
1.	Contact Information (Mailing/Billing Address)					
	Name:					
	Mailing Addre	ess:				
	City/Town:		State:	Zip:		
	Business Phor	ne: () -	ext:	Fax: () -		
	Contact Perso	n:	Title:	Email:		
2.	Facility Information					
	Facility Name:					
	Physical Address:					
	City or Town of Activity:					
3.	Property Owner (if applicable):					
٥.						
	Mailing Address:					
4.	Please check the appropriate menu classification (Health Department License Class):					
		Class 1		Class 3		
		Class 1 Class 2		Class 3 Class 4		
5.	Please choose	the one description that	describes the f	acility for which this registration is being	5	
	maue.	Fast Food Restaurant		Hospital		
		Full Service Restaurant		- ^		
		Deli		College/University		
		Seasonal Restaurant		Club/Organization		
		Coffee Shop		Company/Office Building		
		Bakery		Other (please describe below)		
		Supermarket				



Tel: (860) 278-7850 Fax: (860) 251-8350

	and clean up area. Please include the quantity of each: If none, denote with a zero.					
Stove	Tilt Kettle/ Crock Pot					
Oven	Garbage Disposal					
Dishwashe	r 3 Bay Pot Sink					
Pre-Rinse S	Sink 2 Bay Pot Sink					
Mop Sink	Single Bay Sink					
Deep Fryer	r Hand Sink					
Floor Drain	Other Equipment (i.e. Wok Station)					
7. Is food prepared on-sit	Is food prepared on-site or delivered precooked from another location?					
8. Is there any dishwashi	ng occurring at the facility? (Please provide a brief description of quantity and type)					
9. What is the seating cap	What is the seating capacity at your facility?					
10. What are the days and	0. What are the days and hours of operation?					
	Indoor Passive Grease Trap or Automatic Grease Recovery Unit (AGRU) ease Interceptor (SCGI) installed. (If no grease trap is installed leave this the next page.)					
Manufacturer	Size (gal or lbs)					
- ·	Automatic					
Outdoor	Indoor					
Location: (i.e. under sink, outside)						
12. If an INDOOR grease cleaning the trap?	trap is being maintained on-site, how do you dispose of the waste after					
Trash Renderer/ I	Other explain: Recycle					
13. If a contractor cleans t following information:	the INDOOR or OUTDOOR grease removal device (s); please list the					
Contractor Name:						
Telephone Number:						
-						



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

Tel: (860) 278-7850

Fax: (860) 251-8350

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: Signature:_____ **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. 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. 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

Expiration Date:

Date Received by MDC:_____

MDC USE ONLY: