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 2  Class 3  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.)

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Size (gal or lbs)</th>
<th>Passive</th>
<th>Automatic</th>
<th>Outdoor</th>
<th>Indoor</th>
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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

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:___________________________________

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

MDC USE ONLY:
Date Received by MDC:____________________ Expiration Date:__________________________