



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

FACILITY REGISTRATION

REGISTRATION 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:

Owner Name: _____

Mailing Address: _____

4. Please check the appropriate menu classification (Health Department Food 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 |
| _____ Drive through (only) Restaurant | _____ 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.

- | | |
|----------------------|--|
| _____ Grill | _____ 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, Rotisserie oven, etc) |

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, Super Capacity Grease Interceptor (SCGI) or Automatic Grease Recovery Unit (AGRU) installed:

| | | | |
|--------------------------------------|-------|-------------------|-------|
| Manufacturer | _____ | Size (gal or lbs) | _____ |
| 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. Who cleans the grease removal device (s) installed and how often is it cleaned:

Contractor Name: _____
 Telephone Number: _____
 Frequency of Cleaning: _____

11. How do you dispose of the brown grease (grease trap grease) that is generated on-site? If yes, please provide the name, contact information, and location of grease container?

Contractor Name: _____
 Telephone Number: _____
 Location of container: _____

12. Do you recycle the yellow grease (deep frying oil) that is generated on-site? If yes, please provide the name and contact information of the company.

Contractor Name: _____
 Telephone Number: _____
 Location of container: _____



13. PLEASE INCLUDE A DRAWING OF THE KITCHEN PLUMBING: The drawing must include kitchen fixtures and grease trap(s).

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

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 Service 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 Service Establishment's grease interceptor, SCGI or AGRU fails a visual inspection or effluent sample analysis during an 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 new registration 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 Registration form and any supporting documentation to:

The Metropolitan District
Attn: Utility Services
60 Murphy Rd
Hartford, Connecticut 06114

MDC USE ONLY:

Date Received by MDC: _____

Expiration Date: _____