MDC Utility Services
60 Murphy Rd
Hartford, CT 06114

Tel: (860) 278-7850 ext.3239
Fax: (860) 251-8350
Email:FOG@themdc.com

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
   _____ Full Service Restaurant
   _____ Drive through (only) Restaurant
   _____ Seasonal Restaurant
   _____ Coffee Shop
   _____ Bakery
   _____ Supermarket
   _____ Hospital
   _____ Nursing Home
   _____ College/University
   _____ Club/Organization
   _____ Company/Office Building
   _____ Other (please describe below)
   _____

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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: _____

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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.

Send the signed completed Registration form, kitchen drawing including grease trap and any supporting documentation to:

The Metropolitan District
Attn: Fats, Oils and Grease Program
60 Murphy Rd
Hartford, Connecticut 06114
or submit by email to
FOG@themdc.com

If you have any questions or concerns contact the Fats, Oils and Grease (FOG) Program by phone at 860-278-7850 ext 3239 or by email at FOG@themdc.com.