



Farmington WPCA
1 Monteith Drive
Farmington, CT 06032

Tel: 860-675-2545
Fax: 860-676-2565

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

FACILITY REGISTRATION

REGISTRATION INFORMATION

DATE: _____

1. Facility Information

Facility Name: _____

Physical Address: _____

2. Contact Information (Mailing/Billing Address)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Business Phone: _____ Ext: _____ Fax: _____

Contact Person: _____ Title: _____

Email: _____

3. Property Owner (if applicable):

Owner Name: _____

Mailing Address: _____

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

- _____ Class I – Commercially prepackaged food and/or hot and cold beverage only.
- _____ Class II – Cold ready to eat commercially processed food and/or hot/cold beverages.
- _____ Class III – Preparation of hot food items which are consumed within 4 hours.
- _____ Class IV – Preparation of hot food items which are held for more than 4 hours.

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

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



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

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, Indoor Passive Grease Trap 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) _____	

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

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

_____ Trash	_____ Recycle	_____ Contractor disposes of grease
_____ Other explain: _____		

11. Do you use any additives in your grease traps, floor drains, sewer lines, etc. to help clean them?

_____ Yes _____ No



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12. If a contractor cleans the INDOOR or OUTDOOR grease removal device(s). Please list the following:

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

13. Do you recycle the grease generated at the facility? If yes, please provide name and contact information of the company.

Contractor Name: _____
Telephone Number: _____

14. Is there a recycling container on-site? If yes, please indicate how many and the location of each?

15. 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: _____



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PLEASE NOTE:

Food Preparation Establishments shall be subject to inspection by the Town 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 inspection 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 Town 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 2-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 WPCA by phone at 860-675-2545 or by email at fogprogram@farmington-ct.org.

Send the original signed completed Registration form and any supporting documentation to:

**Farmington WPCA
FOG Program
1 Monteith Drive
Farmington, CT 06032**

AK/ks
12/30/2015
Fog Registration