

**Wastewater Discharge Registration
Application for Restaurants & Food
Preparation Establishments**
Permit fee of \$250 must accompany this application

Facility name: _____

1. Facility location: _____
2. Mailing address: (if different from location): _____

3. Business phone number: _____
a. Alternate phone number: _____
b. Fax number: _____
a. E-mail address: _____

5. Does this company own or rent the building? _____ Own _____ Rent

6. Property owner's Name: _____

7. Property owner's address: _____

8. Designate Company Organization:

_____ Sole Proprietorship _____ Corporation _____ Partnership

If your company organization is designated as a corporation, then complete number 9 below. If it is designated as a partnership or sole proprietorship, complete number 10.

9. A corporation organized under the laws of the state of _____

	<u>Name</u>	<u>Home address</u>	<u>Home phone</u>
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

10. Name, title, and home address of company if sole proprietorship or partnership:

Name: _____ Title: _____

Home address: _____

Home phone: _____

Name: _____ Title: _____

Home address: _____

Home phone: _____

Home phone: _____

11. Please check each day that your business is open.

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____
Saturday ____ Sunday ____

12. Please check the meals which are served at your facility:

Breakfast ____ Lunch ____ Dinner ____ Snack/Coffee ____ Additional (catering) ____

Requirements of the Permit

Permittees are required to install either a 1,000 gallon (minimum) outside passive grease interceptor or an automatic grease recovery unit (AGRU) in accordance with technical requirements specified in the general permit. The decision as to what technology to install will be made by the permittee, but must be approved by the WPCA. Pollution prevention/best management practices are also required of the permittee including quarterly inspections of the installed equipment and pump out of the passive grease interceptor at least every three months. Recovered fats, oil and grease shall be disposed of at a regional collection/transfer disposal site.

13. Proposed Automatic Grease Recovery Unit installation: For each AGRU to be installed, include the following information and attach a spec sheet:

- A. Manufacturer: _____
- B. Size rating (gallons per minute or pound capacity): _____
- C. Proposed Location of unit(s): _____
- D. Proposed date of installation: _____
- E. Who will be responsible for cleaning unit (owner or contractor): _____

14. When the indoor AGRU is cleaned, how will you dispose of the waste after cleaning trap?

_____ Trash _____ Contractor/Pumper disposes of grease _____ mix with other grease stored on premises (i.e. fryolator grease, etc.)

15. If a contractor cleans the indoor grease trap, please provide the following:

Company Name: _____
Business Phone Number: _____

16. If an outdoor in-ground grease trap is utilized, please provide the name of the contractor who maintains this unit:

Company Name: _____
Business Phone Number: _____

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in this document or its attachments may be punishable as a criminal offense, in accordance with Section 22a-6 of the Connecticut General Statutes, pursuant to Section 531-157b of the General Statutes and in accordance with any other applicable statute.

Applicant's signature: _____

Print Name: _____