

# Wastewater Discharge Registration Application for Restaurants & Food Preparation Establishments

## **What is this form and why is it necessary?**

This form, when completed and submitted to the WPCA, will provide registration of your restaurant or food handling facility in the WPCA's fats, oils, and grease (FOG) Pretreatment Program. This FOG Pretreatment Program is being established in compliance with the Connecticut Department of Environmental Protection's *General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments*. All Class III and Class IV restaurants and food handling facilities within the Town of Chester must complete this form and return it to WPCA. This application will assist in determining if your establishment requires improvements to its fats, oils, and grease (FOG) handling facilities for approved wastewater discharge. It will also help in establishing a database for tracking FOG disposal. *It is required by law that the WPCA maintain a file of this information as well as inspection logs and clean-out logs.*

## **How to complete and submit this form.**

Please print legibly in black or blue ink or type your answers. Answer all questions unless the form specifically instructs otherwise. The form will be returned to your place of business if a question is left unanswered. If a question does not apply to your facility, write "not applicable" or "N/A" and explain why it is not applicable.

## **Who must complete this document?**

Any restaurant or food handling facility that has a kitchen for the purpose of preparing foods and/or conducting washing operations to clean pots, pans, dishes, and/or utensils and is connected to the Chester sewer system.

## **How does this program affect my business operations?**

1. The proprietor of each establishment is required to submit a Fats, Oil and Grease Pretreatment Registration Form to the WPCA before June 1, 2010. This will give us the information we need in order to determine compliance. You will note that on this registration is the requirement that all Class III and Class IV Food Preparation Establishments replace passive grease traps with Automatic Grease Recovery Units by October 1, 2010.
2. The proprietor of each establishment is required to maintain his grease collection equipment on a regular basis, and make a weekly inspection of this equipment. A log of these inspections is also required (enclosed), and must be mailed to WPCA 203 Middlesex Ave. Chester, CT 06412 by the last Friday of each month.
3. If a Food Service Establishment utilizes in ground grease trap, a copy of the quarterly record of pump-out (or copy of invoice) must be mailed to WPCA 203 Middlesex Ave. Chester, CT. 06412 upon completion of pump-out and receipt of invoice.
4. When WPCA performs sewer inspections and discovers a grease buildup, establishments contributing to system malfunction shall be issued a notice of violation, and be subject to fines

not to exceed \$500 per day/violation, loss of food service license, or other enforcement action deemed appropriate by the Chester Water Pollution Control Authority as designated in Section 5 of the Chester WPCA Sewer Use and Pollution Control Regulations.

<b>Violation</b>	<b>Days from Notification to Correct Violation</b>
Equipment not Registered	30 Days
Equipment not properly installed	90 Days
Major Violations	30 Days
Minor Violations	90 Days

We realize this is an additional burden on business owners in Chester, but it is necessary that we all do our part in order to protect everybody's health and business interest in the center of Chester. If you need additional information, please review the information located at <http://www.chesterct.com/water.php> , or contact the WPCA at Chester Town Hall, email address: WPCA@chesterct.org.

**Send the original signed and completed form to:**

Town of Chester  
WPCA  
203 Middlesex Avenue  
Chester, CT 06412

(please use black or blue ink)

1. Facility name: \_\_\_\_\_

2. Facility location: \_\_\_\_\_

3. Mailing address: (if different from location): \_\_\_\_\_

\_\_\_\_\_

4. 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 \_\_\_\_\_

**Name**

**Home address**

**Home phone**

President \_\_\_\_\_

\_\_\_\_\_

Vice-President \_\_\_\_\_

\_\_\_\_\_

<u>Name</u>	<u>Home Address</u>	<u>Home phone</u>
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: \_\_\_\_\_

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) \_\_\_\_

## Compliance Timeline

Based on the general permit which regulates the discharge of wastewaters from Class III or Class IV food service establishments (restaurants, hotel kitchens, hospital kitchens, school kitchens, bars and cafes, factory cafeterias, church kitchens, bakeries and special club kitchens) all facilities shall comply no later than July 1, 2011. There are three conditions that can trigger earlier compliance for existing food preparation establishments. These include a change of ownership, a renovation of a facility or the municipality designation of an area of the sewer system as a problem area. *In the case of Chester, the WPCA has designated the downtown area as a problem, and hence changed the compliance date to October 1, 2010.*

## 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: \_\_\_\_\_