

# THE CITY OF WATERBURY

## Water Pollution Control (WPC)

210 Municipal Road, Waterbury, CT 06708

(203) 574-8265

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

#### FACILITY REGISTRATION

A fee of \$100.00 is to be included with each registration being submitted. The registration will not be processed without the fee. Please include your Food Preparation Establishment name in the memo portion of the check.

#### REGISTRATION INFORMATION:

DATE: \_\_\_\_\_

#### 1. Contact Information (Mailing/ Billing Address)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

#### 2. Facility Information

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

#### 3. Property Owner (if applicable):

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

#### 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

\_\_\_ Drive through (only) Restaurant

\_\_\_ Seasonal Restaurant

\_\_\_ Coffee Shop

\_\_\_ Bakery

\_\_\_ Hospital

\_\_\_ Nursing Home

\_\_\_ College/University

\_\_\_ Club/Organization

\_\_\_ Company/Office Building

\_\_\_ Other (please describe below)

\_\_\_\_\_

**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.**

- |                                         |                                                             |
|-----------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Grill          | <input type="checkbox"/> Tilt Kettle/ Crock Pot             |
| <input type="checkbox"/> Oven           | <input type="checkbox"/> Garbage Disposal                   |
| <input type="checkbox"/> Dishwasher     | <input type="checkbox"/> Three Bay Pot Sink                 |
| <input type="checkbox"/> Pre-Rinse Sink | <input type="checkbox"/> Two Bay Pot Sink                   |
| <input type="checkbox"/> Mop Sink       | <input type="checkbox"/> Single Bay Sink                    |
| <input type="checkbox"/> Deep Fryer     | <input type="checkbox"/> Hand Sink                          |
| <input type="checkbox"/> Floor Drains   | <input type="checkbox"/> 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 check the item below that applies to your facility.**

- Existing Sewer Discharge                       Proposed (new) Sewer Discharge

**10. 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) _____	

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

- |                                  |                                                        |
|----------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Trash   | <input type="checkbox"/> Contractor disposes of grease |
| <input type="checkbox"/> Recycle | <input type="checkbox"/> Other                         |
|                                  | explain: _____                                         |
|                                  | _____                                                  |

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

Contractor  
Name: \_\_\_\_\_  
Telephone  
Number: \_\_\_\_\_

**13. Do you recycle the grease generated at the facility? If yes, please provide the 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: \_\_\_\_\_

**NOTE:** Food Preparation Establishments shall be subject to inspection by the WDC 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 Preparation Establishment's Grease Interceptor or AGRU fails a visual or effluent sample analysis inspection, the WDC 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 that 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 Maurice Fortier by phone at 203-574-8265 or by email at [mfortier@waterburyct.org](mailto:mfortier@waterburyct.org).

Send the original signed completed Registration form, the fee (\$100.00), and any supporting documentation to:

**Water Pollution Control  
210 Municipal Road  
Waterbury, CT 06708**

WPC USE ONLY:

Facility Permit Fee paid  
FOG System Completed

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Amt: \_\_\_\_\_

Permit Issued by \_\_\_\_\_  
Signature/Title

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Date Received by WDC: \_\_\_\_\_

Expiration Date: \_\_\_\_\_