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 Town Of Suffield WPCA, will provide registration of your restaurant or food handling facility in the Town Of Suffield 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 with the Town Of Suffield must complete this form and return it to: 844 East Street South, Suffield, CT 06078. 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.

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. Attach a copy of your menu, if available, to the application and keep one copy of this completed form for your records.

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. Examples of such facilities are restaurants, schools, colleges, universities, hospitals, nursing homes, clubs, and organizations, office buildings with cafeterias, supermarkets, coffee shops, etc.

Send the original signed and completed form to:
844 East Street South, Suffield, CT 06078

Please noted that the discharge of wastewater from an unregistered food preparation facility may be in violation of the DEP’s General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments. Violation of the General Permit may subject the violator to action by the DEP. Should you require assistance in completing this document contact:
Town Of Suffield WPCA at (860) 668-3853
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Please print or type
1. Do you or your company own more than one building that prepares or processes food and generates a wastewater discharge?
   ______ Yes  ______ No  ______ Don’t Know

2. Please choose the one description that describes the facility for which this application is being made.
   ______ Fast Food Restaurant  ______ Hospital
   ______ Full Service Restaurant  ______ Nursing Home
   ______ Drive through (only) Restaurant  ______ College/University
   ______ Seasonal Restaurant  ______ Club/Organization
   ______ Coffee Shop  ______ Company/Office Building
   ______ Bakery  ______ Other (please describe below)
   ______ Supermarket

3. Please check the item below that applies to your facility.
   ______ Existing Sewer Discharge  ______ Proposed (new) Sewer Discharge
   ______ Existing Septic Discharge  ______ Proposed (new) Septic Discharge

4. Company Name: ________________________________________________________

5. Facility Premise Address: ________________________________________________

6. Facility Mailing Address (If different from premise address):
   ________________________________________________________________
   ________________________________________________________________

7. Business Phone Number: ________________________________________________
   Alternate Phone Number: _____________________________________________
   Fax Number: _______________________________________________________
   e-mail Address: ____________________________________________________

8. Does this company own or rent the building? ______ Own  ______ Rent

9. Property Owner’s Name: ________________________________________________

10. Property Owner’s Address: ______________________________________________

11. Designate Company Organization:
    ______ Sole Proprietorship  ______ Corporation  ______ Partnership

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If your company organization is designated as a corporation, then complete number 12 below. If it is designated as a partnership or sole proprietorship, complete number 13.

12. A corporation organized under the laws of __________________________.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Name, Title, and Home address of company owner(s) if sole proprietorship or partnership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Phone</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

14. Seating capacity at your place of business, please check the appropriate line.

- 0 to 50
- 51 to 100
- 101 to 250
- over 250

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

16. Please check the meals that are served at your facility.

- Breakfast
- Lunch
- Dinner
- Snack/Coffee
- Food Prep. Only

17. Does this facility have a grease trap?

- Yes
- No
- Not Sure
18. Please check each of the items listed below that are present in your kitchen facility:
   A. Fryolators  Yes  No  If yes, how many
   B. Grills  Yes  No  If yes, how many
   C. Ovens  Yes  No  If yes, how many
   D. Tilt kettles  Yes  No  If yes, how many
   E. Garbage grinder  Yes  No  If yes, how many
   F. Three-bay pot sink  Yes  No  If yes, how many
   G. Two-bay sink  Yes  No  If yes, how many
   H. Single-bay sink  Yes  No  If yes, how many
   I. Pre-rinse sink  Yes  No  If yes, how many
   J. Dishwasher  Yes  No  If yes, how many
   K. Mop sink  Yes  No  If yes, how many

19. If your kitchen facility has grills and/or ovens which type of exhaust cleaning system do you use to clean the filters?

   _____ Automatic cleaning system  _____ Manual cleaning system

20. If you manually clean your exhaust hood filters, where are they cleaned?

   _____ Off-site (contractor)  

   _____ On-site

   Please describe in detail if onsite. (i.e. 2-bay sink, 3-bay sink, dishwasher, floor drain, outside parking lot drain, other) ________________________________

   ________________________________

   ________________________________

If you answered yes to question 17, please complete questions 21 through 26.

21. Please complete the following for EACH installed grease trap.

   A. Manufacturer ___________________ size (gallon) _______ or (pounds) _______

      Passive ______ Automatic ______

      Indoor ______ Outdoor ______

      Location __________________________

      (i.e., under 3-bay sink, in basement, outside in-ground, other)

Which choice below best describes how often this grease trap is cleaned?

PLEASE CHOOSE ONE:

   _____ Daily  _____ Quarterly

   _____ Weekly  _____ Every Six Months

   _____ Bi-Weekly  _____ Yearly

   _____ Monthly  _____ Never Clean It

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B. Manufacturer ___________________________ size (gallons) ______ or pounds) ______
   Passive ______ Automatic ______
   Location _____________________________
   (i.e., under 3-bay sink, in basement, outside in-ground, other)

Which choice below best describes how often this grease trap is cleaned?
PleASE CHOOSE ONE.

_____ Daily
_____ Weekly
_____ Bi-Weekly
_____ Monthly
_____ Quarterly
_____ Every Six Months
_____ Yearly
_____ Never Clean It

If more than two grease traps are installed, please attach additional information on the
other grease traps at the end of the application.

22. When the indoor grease trap(s) are cleaned, how do you dispose of the waste after
cleaning the trap? PLEASE SELECT ONLY ONE.

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

23. If a contractor cleans the indoor grease trap, please list the following:

Company Name _____________________________
Business Phone Number _______________________

24. If waste fats, oils, and grease are stored on the premise from fryolators or other sources,
where is this material stored?

_____ Inside building
_____ Outside building

25. If an outdoor in-ground grease trap(s) are utilized, list the name and telephone number of
the company who pumps out the trap.

Company Name _____________________________
Business Phone Number _______________________

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

_____ Yes
_____ No

If yes, please check which type and attach the Material Safety Data Sheet (MSDS) to this
application.

_____ Enzymes
_____ Chemicals
_____ Bacteria
_____ Other
27. Estimated water usage per year (Refer to water bill for this information.)
Either, _______gallons or ___________ 100 cubic feet.

28. Designation of Authorized Agent:

I, _______________________________ certify that I am the ___________________ of
(name)                          (title)

_____________________________ and that _______________________________ is authorized to
(business name) (name)
make submittals to the {Agent} on behalf of _______________ and that said
(business name)
submittals are duly signed for and on behalf of said corporate powers.

_____________________________
(signature)
Corporate Seal/Authorized Agent

Please attach a copy of the menu if available, and MSDS sheet(s) as described in
question 26.