125 Spring Street
Manchester, CT 06045
860.647.6050
waterpermit@manchesterct.gov
Water & Sewer Website

General Permit for the Discharge of Wastewater Associated with Food Establishments Registration Form

Part I: Applicant Information

- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Last Name; Suffix (Jr, Sr., II, III, etc.).*
- *If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change Company/Individual Information to the address indicated on the form.*

1. **Facility Name:**
2. **Establishment Street Address:**
   Street:
   Town: State: Zip:

3. **Business Mailing Address (if different from above):**
   Name:
   Street:
   Town: State: Zip:

4. **Primary contact for departmental correspondence and inquiries:**
   Name:
   Title:
   Email:
   Phone Number:

5. **Owner of premise (if different from above):**
   Name:
   Street:
   Town: State: Zip:
   Phone number: Email:

6. **Establishment's authorized signatory representative (if different from owner of premise):**
   Name:
   Street:
   Town: State: Zip:
   Phone number: Email:

Part II: General Information

1. Estimated kitchen water usage per year (refer to water bill for this information):
   _____ Gallons OR _____cubic feet

2. Is food cooked or are cooking utensils cleaned at your facility? ☐ Yes ☐ No
   ***If you answered no to the above question, the remainder of the application does not apply to your facility. If you answered yes, please complete all questions.**

3. What are the hours of operation?

4. What is the seating capacity at your establishment?

5. Expected average number of meals served per day?

6. Does the facility use disposable silverware or is the silverware used by the patrons washed on premise?

7. Choose the description that best describes your facility:

☐ Fast Food Restaurant	☐ Adult Living/Group Home
☐ Full-Service Restaurant	☐ Hotel/Motel
☐ Takeout Only	☐ School
☐ Convenience Store	☐ Club/Organization
☐ Coffee Shop/Bakery	☐ Cafeteria Style
☐ Caterer	☐ Pub Bar
☐ Supermarket	☐ Other:
☐ Snack Bar	

8. Check each of the items below that are present in your kitchen facilities:

Equipment	**Determination**	**Number on site**
Deep Fryer	☐ Yes ☐ No	
Grill	☐ Yes ☐ No	
Oven	☐ Yes ☐ No	
Tilt Kettles	☐ Yes ☐ No	
Garbage Grinder	☐ Yes ☐ No	
1-bay pot sink	☐ Yes ☐ No	
2-bay pot sink	☐ Yes ☐ No	
3-bay pot sink	☐ Yes ☐ No	
Pre-rinse sink	☐ Yes ☐ No	
Dishwasher	☐ Yes ☐ No	
Mop Sink	☐ Yes ☐ No	

Wok Station	☐ Yes ☐ No	
Floor drains	☐ Yes ☐ No	
Automatic hood wash unit	☐ Yes ☐ No	
Hand Sinks	☐ Yes ☐ No	
Smoker	☐ Yes ☐ No	

Part III: Pretreatment Equipment

1. Is the pretreatment equipment ☐ Installed ☐ Proposed
2. Provide the following information on each grease trap.
   Information can be found on the label on the grease trap

Interior Grease Traps:

Interior	
Make and Model:	
☐ Automatic Grease Recovery Unit	☐ Manual Grease Removal
Capacity of Device: gallons	Installation Date:
Location of Device:	

Interior	
Make and Model:	
☐ Automatic Grease Recovery Unit	☐ Manual Grease Removal
Capacity of Device: gallons	Installation Date:
Location of Device:	

3. Who is responsible for coordinating maintenance of the FOG pretreatment units listed above?

Landlord of a leased facility	☐
Owner of a business located in a leased facility	☐
The business/ facility owner	☐

4. How often is the FOG pretreatment unit(s) cleaned?
   ☐ Daily ☐ Quarterly ☐ Other frequency:

5. Where is the disposal location for grease removed from the FOG pretreatment unit?
   ☐ In a container with other grease on site* ☐ Removed by Contractor
   **Please note: if you are disposing of the AGRU grease in the rendering bin, please contact the vendor to ensure this grease is accepted.*

Exterior Grease Interceptors:

Exterior	
Capacity of Device: gallons	Installation Date:

Location of Device:

Exterior		
Capacity of Device:	gallons	Installation Date:
Location of Device:		

1. Who is responsible for coordinating cleanings/maintenance of the FOG pretreatment units listed above?

Landlord of a leased facility	☐
Owner of a business located in a leased facility	☐
The business/ facility owner	☐

Part IV: Contractor Information

1. Contractor(s) that cleans the **AGRU**:

1. Contractor Name:
   Street:
   Town: State: Zip:
   Phone number:
   ☐Maintenance ☐Cleaning ☐Removal

2. Contractor Name:
   Street:
   Town: State: Zip:
   Phone number:
   ☐Maintenance ☐Cleaning ☐Removal

2. Contractors who pump out the **super-capacity grease interceptor or the FOG interceptor**:

3. Contractor Name:
   Street:
   Town: State: Zip:
   Phone number:
   ☐Maintenance ☐Cleaning ☐Removal

4. Contractor Name:
   Street:
   Town: State: Zip:
   Phone number:
   ☐Maintenance ☐Cleaning ☐Removal

3. If the facility recycles grease with a renderer, please provide the contractor's name:

1. Contractor Name:

Street:		
Town:	State:	Zip:
Phone number:		

4. If the facility disposes of AGRU FOG in another bin besides the rendering bin, please provide the contractor's name:

2. Contractor Name:		
Street:		
Town:	State:	Zip:
Phone number:		

Part V: Additives

1. If applicable, list any additives places in the plumbing (ie. Enzymes, bacteria, etc.):

Location	Additive Name	Frequency

Part VI: Supporting Documents

Please submit all attachments indicated with the application.

- Best Management Practices (BMP) Plan
- Floor plans
    - These should indicate the locations of all items currently in the facility, restrooms, grease traps/interceptors and any other spare generating devices
- Indoor and outdoor plumbing drawings/diagrams
    - These should include the locations of all established sewer connections
- Menu
- Calculations on how the FOG management equipment was sized

Part VII: Diminimus Discharge Waiver

At the request of the facility, the authorized agent may grant a waiver of the treatment requirements of sections 5(a) and 5(b) of the General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments (General Permit), inclusive, of this General Permit if, in the judgment of the authorized agent, there is limited potential for FOG in the discharge when considering, including but not limited to, the frequency of operation, the volume of flow and the potential for fats, oils and grease based upon the menu or operation of the facility. However, such a waiver does not waive the effluent limits identified in section 5(c) of this General Permit.

If you are requesting a waiver, please select the option below:

☐ General Permit for Food Establishments Diminimus Quantity

- Certain establishments may, by nature of their operation, generate minimal quantities of fats, oils, and greases (FOG). This combines with a BMP plan that employs specific practices to further remove FOG from the waste stream (i.e. “dry” wipe plates, pots, pans, etc.; posting of “No Grease” signs at appropriate locations; using water temperatures less than 140°), may qualify an establishment for a waiver for Diminimus Quantity.

Any significant change in menu requires the applicant to re-apply for the variance. If any problems due to grease are encountered in the sewer infrastructure, the Town of Manchester Sewer Department reserves the right to revoke any and all variances.

Part VIII: Authorized Representative Statement and Signature:

I certify that I have received and read Section 187-3(D) of the Town of Manchester Charter and Code of Ordinances and CT DEEP’s General Permit for the Discharge of Wastewater Associated with Food Establishments and understand that all Class III and Class IV food service establishments must have a grease removal device to prevent the discharge of fats, oils and greases to the Town of Manchester sanitary sewer system.

I further certify, under penalty of law, 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 responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (print):
Title:

Signature: Date:

Please submit the application electronically via waterpermit@manchesterct.gov or send a copy to:

Water & Sewer Department
Town of Manchester
125 Spring Street
P.O. Box 191
Manchester, CT 06045-0191