

TOWN OF VERNON – WPCA FOG REGISTRATION



Town of Vernon Water Pollution Control

P.O. Box 147
Vernon, CT 06066

FOG REGISTRATION FORM

1. A. Company Name: _____
 B. Facility Name: _____

2. Facility Location Address: _____

3. Facility Mailing Address (if different from facility address):

4. Owner/Company Information:
 - A. Is this a; Sole Proprietorship_____, Partnership_____, Corporation_____, or Limited Liability Company(LLC)_____. Please check one.

 - B. Please indicate officers/members, and include any agent of service, below:

Name: _____	Title: _____
Home Address: _____	
Contact Phone #: _____	
Name: _____	Title: _____
Home Address: _____	
Contact Phone #: _____	
Name: _____	Title: _____
Home Address: _____	
Contact Phone #: _____	

 - C. Contact Person Information
 - a. Business Phone #: _____
 - b. Fax Phone : _____
 - c. Address if different from above: _____
 - d. e-mail address: _____

5. Please choose the one description that describes the facility for which this application is being made:

_____ Fast Food Restaurant	_____ Full Service Restaurant
_____ Drive Through (Only) Restaurant	_____ Seasonal Restaurant
_____ Coffee Shop	_____ Bakery
_____ Supermarket	_____ Hospital
_____ Nursing Home	_____ School
_____ Other: Please Describe _____	

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6. Does your Food Preparation Establishment own more than one building that prepares or processes food and generates a wastewater discharge?
_____ YES _____ NO _____ DON'T KNOW
7. Does this facility own or lease the location? ___OWN ___LEASED; If leased provide the Landlords legal name and address:_____
8. Seating capacity at your Food Establishment Facility: Please check the appropriate line:
_____ 0 to 50 _____51 to 100 _____ 101 to 250 _____ over 250
9. Please check each day your Food Establishment is open:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____
10. Please check the meals that are served by your Food Preparation establishment:
Breakfast _____ Lunch _____ Dinner _____ Snack/Coffee _____
11. Does your Food Preparation Establishment have a grease trap currently?
_____ YES _____ NO _____ NOT SURE
12. The following is a list of equipment that may be present in your Food Preparation Establishment. If it is not present, circle "NO" next to the item. If it is present, indicate the number of units present and circle "YES". If the unit is connected to Grease Trap check appropriately. If you have equipment not listed, please indicate under "Other".
- | | | | | | |
|------------------------|-------|-----|----|---------------------------|------------|
| A. Fryolators: | _____ | YES | NO | Connected to Grease Trap? | <u>N/A</u> |
| B. Grills: | _____ | YES | NO | Connected to Grease Trap? | <u>N/A</u> |
| C. Ovens: | _____ | YES | NO | Connected to Grease Trap? | <u>N/A</u> |
| D. Tilt Kettles: | _____ | YES | NO | Connected to Grease Trap? | _____ |
| E. Garbage Disposals: | _____ | YES | NO | Connected to Grease Trap? | _____ |
| F. Three Bay Pot Sinks | _____ | YES | NO | Connected to Grease Trap? | _____ |
| G. Two Bay Sinks | _____ | YES | NO | Connected to Grease Trap? | _____ |
| H. Single Bay Sinks | _____ | YES | NO | Connected to Grease Trap? | _____ |
| I. Pre-Rinse Sink | _____ | YES | NO | Connected to Grease Trap? | _____ |
| J. Dishwasher | _____ | YES | NO | Connected to Grease Trap? | _____ |
| K. Mop Sink | _____ | YES | NO | Connected to Grease Trap? | _____ |
| L. Floor Drains | _____ | YES | NO | Connected to Grease Trap? | _____ |
| M. Automatic Hood Wash | _____ | YES | NO | Connected to Grease Trap? | _____ |
| N. Other | _____ | YES | NO | Connected to Grease Trap? | _____ |
13. If your kitchen facility has food preparation equipment with exhaust hoods, which type of exhaust cleaning system do you use to clean the filters?
_____ Automatic Cleaning System _____ Manual Cleaning System
- 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. washed in 3-bay sink) _____

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14. Do you use 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

15. Estimated water usage per year (Refer to water bill for this information):

Either: _____ gallons or _____ 100 cubic feet.

16. Estimated daily wastewater flow from kitchen: _____ gallons per day (calculated or measured)

Certification of Agency:

I, _____, certify that I am the _____ of
(name) (title)
_____ and that I am authorized to make submittals to the Town of Vernon
(business name)
WPCA, FOG Coordinator, on behalf of _____ and that all submittals are
(business name)
duly signed for and on behalf of _____.
business name)

In addition, 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.

(Signature)

Please attach a copy of your facility's menu as well as any applicable Material Safety Data Sheets (MSDS) as described in question #20, and mail this registration form to the **Town of Vernon WPCA, P.O. Box 147, Vernon, CT 06066.**

Please complete attached Form 1 information regarding your permit compliant pretreatment system, or, Form 2 – Application for an Alternative Pretreatment system with your registration. If you have limited food service and no kitchen or pretreatment you may complete and file Form 3 – Diminimus Discharge Checklist with this registration. If you feel you need Form 2 or Form 3 please contact the FOG Coordinator at 860-870-3545.

Please note that the discharge of wastewater from unregistered Food Preparation Establishments may be in violation of the State of Connecticut Department of Environmental Protection *General Permit for the Discharge of Wastewater Associated with Food Preparation Establishments* and may be subject to action by the State of CT DEEP and The Town of Vernon.

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FORM 1
PERMIT COMPLIANT PRETREATMENT SYSTEM

IF YOU CURRENTLY ARE CONNECTED TO A GREASE TRAP – PLEASE ANSWER QUESTIONS 1 THROUGH 5.
BY COMPLETING THIS SECTION YOU ARE CERTIFYING THAT YOUR FOG PRETREATMENT MEETS ALL
REQUIREMENTS OF "FOG FACT SHEET 2" or "FOG FACT SHEET 3."

Please complete the following for EACH installed grease trap:

1. A. Manufacturer: _____ Size: _____
Passive _____ Automatic _____ Indoor _____ Outdoor _____
Location: _____

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

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

B. Manufacturer: _____ Size: _____
Passive _____ Automatic _____ Indoor _____ Outdoor _____
Location: _____

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

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

IF MORE THAN TWO GREASE TRAPS ARE INSTALLED, PLEASE PHOTOCOPY THIS FORM AND PROVIDE
INFORMATION ON THE OTHER GREASE TRAPS AT YOUR FACILITY

2. When the indoor grease trap (AGRU) is cleaned, how do you dispose of the waste after cleaning the trap? PLEASE
SELECT ONLY ONE.

_____ Trash
_____ Mix with other grease stored on premises (i.e. fryolator grease):
_____ Contractor/Licensed Renderer

3. If a Licensed Rendered Company maintains your AGRU, please provide the following information:

Renderer Name: _____
Renderer Phone #: _____

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

_____ Inside Building _____ Outside Building

5. If an outdoor – in-ground grease trap is utilized, list the name and telephone number of the company who pumps out the
grease interceptor:

Company Name: _____
Company Phone #: _____
