



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

FACILITY REGISTRATION

REGISTRATION INFORMATION:

DATE: _____

TOWN: _____

1. Fill in name of Registrant/Applicant

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Business Phone: () - _____ ext: _____ Fax: () - _____

Contact Person: _____ Title: _____

2. Facility Information

Facility Name: _____

Mailing Address: _____

City or Town of Activity: _____

3. Please check the appropriate menu classification:

- _____ 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.

4. Please choose the one description that describes the facility for which this registration 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 | _____ |



5. Please check the item below that applies to your facility.

_____ Existing Sewer Discharge _____ Proposed (new) Sewer Discharge

6. Does this company own or rent the building? _____ Own _____ Rent

7. Please complete the following for the type of Outdoor In-Ground Grease Trap or Automatic Grease Recovery Unit (AGRU) installed:

Manufacturer	_____	Size (gal or lbs)	_____
Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

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Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

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Passive	_____	Automatic	_____
Outdoor	_____	Indoor	_____
Location: (i.e. under sink, outside)	_____		

PLEASE NOTE:

Food Preparation Establishments shall be subject to inspection by the District 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; quarterly inspections, and review of 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 District 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 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.

MDC USE ONLY:
 Date Received by MDC: _____ Expiration Date: _____
 cc: MDC Utility Services
 Health Department