



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

Variance of Equipment: Diminimus Quantity: Other: _____

APPLICANT 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 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 | _____ |

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. Seating capacity at your place of business.
 _____ 0 to 50 _____ 51 to 100 _____ 101 to 250 _____ Over 251
8. Please check each day that your business is open.
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday
9. Please check off the following meals that are served at your facility.
 ___ Breakfast ___ Lunch ___ Dinner ___ Snack/Coffee ___ Food Prep. Only
10. Description of Menu (attach copy is possible)

11. Is a grease trap currently installed at your facility? _____ YES _____ NO

12. If Yes in Question #11, please complete the following.

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

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

- | | |
|-----------------|----------------------|
| _____ Daily | _____ Quarterly |
| _____ Weekly | _____ Every 6 months |
| _____ Bi-Weekly | _____ Yearly |
| _____ Monthly | _____ Never clean it |

PLEASE NOTE: Variances are granted for 3-years periods. If a variance of equipment is granted, a best management plan (BMP) for minimizing the volume of fats, oils and grease in your facility's wastewater must be in place. Attach a description of the proposed methods for minimizing grease discharged in the wastewater, including employee training, cleaning procedures and interim grease disposal methods.

ANY CHANGE IN MENU OR OWNERSHIP REQUIRES THE APPLICANT TO REAPPLY FOR VARIANCE. IF MDC ENCOUNTERS ANY PROBLEMS DUE TO GREASE IN THE SEWER INFRASTRUCTURE, VARIANCES WILL BE REVOKED.

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