



Town of Manchester – Sewer Department – Environmental Compliance

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

FOG PERMIT APPLICATION FORM

COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM AND RETURN TO:

FOG Pretreatment Coordinator
Town of Manchester
Water and Sewer Department
125 Spring Street
P.O. Box 191
Manchester, Connecticut 06045-0191

Please check: (only one)

- Food Preparation Establishment New Construction
- Existing Facility with Change of Ownership and remodel
- Existing Facility with Change of Ownership

SECTION A – GENERAL INFORMATION

1. Establishment Name: _____
2. Establishment Street Address: _____
Town: _____ State: _____ Zip: _____
Establishment Contact: _____ Title: _____
Email: _____
Phone Number _____ Website: _____
3. Business Mailing Address (if different from above)
Name: _____
Street: _____
Town: _____ State: _____ Zip: _____
4. Owner of Premises:
Name: _____
Street: _____
Town: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
5. Establishment's authorized signatory representative (if different than owner of premises):
Name: _____
Title: _____
Street: _____
Town: _____ State: _____ Zip: _____
Phone Number: _____ E-mail: _____



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SECTION B – ESTABLISHMENT OPERATIONAL CHARACTERISTICS

Attach a copy of the indoor and outdoor plumbing floor plans/diagrams, include the location of all establishment sewer connections, sinks, floor drains, dish washers, restrooms, grease traps/interceptors or any other spare generating devices.

1. Choose one description that best describes your establishment:

- [] 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

2. Indicate each item that you currently have in your establishment and the quantity of each:

- [] Wok [] Self Cleaning Hood
[] Dishwasher [] Rotisserie
[] Dishwasher w/Pre-rinse Sink [] 1 Bay Pot Sink
[] Mop Sink [] 2 Bay Pot Sink
[] Deep Fryer [] 3 Bay Pot Sink
[] Garbage Disposal [] Floor Drains
[] Other Equipment [] Tilt Kettle/Crock Pot
[] Description

3. What is the seating capacity at your establishment?

4. What are the days and hours of operation?

5. Expected average number of meals served

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Are there any grease removal devices currently installed and maintained? If "No" proceed to Section D. If "Yes" complete No. 2, No. 3 and/or No. 4 below.

- [] Yes [] No

2. Complete the following for all interior grease removal devices:

- a) Make and Model:
Automatic grease removal [] Manual grease removal []
Capacity of device (gal): Installed date:
b) Make and Model:
Automatic grease removal [] Manual grease removal []
Capacity of device (gal): Installed date:



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3. Complete the following for all exterior grease removal devices:

- a) Location: _____
Capacity of grease removal device (gal): _____
- b) Location: _____
Capacity of grease removal device (gal): _____
- c) Location: _____
Capacity of grease removal device (gal): _____

4. List any contractors used for cleaning, maintenance and removal of FOG:

- a) Contractor name: _____
Street: _____
Town: _____ State: _____ Zip: _____
Phone Number: _____
 Maintenance Cleaning Removal
- b) Contractor name: _____
Street: _____
Town: _____ State: _____ Zip: _____
Phone Number: _____
 Maintenance Cleaning Removal

Maintenance logs/manifest to be maintained on site and made available upon request by Town.

5. If applicable, list any additives placed in the plumbing (i.e. enzymes, bacteria, etc.):

LOCATION	ADDITIVE NAME	FREQUENCY

6. Briefly explain any Fats, Oils and Grease pollution prevention measures that have been implemented (attach additional sheets if necessary).



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SECTION D – CONDITIONAL VARIANCE

It is possible to receive a variance to certain aspects of the FOG Pretreatment Program. If you are requesting a variance, please complete this section.

Type Of Variance Requested:

General Permit for Food Establishments/Diminimis Quantity*

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

Variance of Equipment

Some establishments may already have existing grease recovery devices in service. The applicant can request that existing devices be evaluated to determine if it will provide the necessary FOG removal. Examples include undersize in-ground interceptors and interior passive traps. In order to receive a variance, you must comply with Sec. 5(c)(1)(2) of the General Permit for the Discharge of Wastewaters Associated with food preparation establishments. (see attached language)

(Describe specifics of request) _____

***PLEASE NOTE:** If Diminimis Quantity is requested, a Best Management Plan (BMP) for minimizing the volume of fats, oils and grease in your establishment’s wastewater must be submitted. Such a plan must describe in detail the proposed methods for minimizing grease discharged in the wastewater, including employee training, cleaning procedures and interim grease disposal methods. Attach a copy of the plan.

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.



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Authorized Representative Statement:

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 Discharge of Waste Waters associated with Food Preparation 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 directly 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

FOR TOWN USE ONLY

Application complete Yes No

Date of pre-permit inspection: _____

Permit approved: Yes No

Explanation for rejection:

Conditional Variance Requested: Yes No Granted: Yes No N/A

Conditional Variance For: Diminimis Quantity
 Variance of Equipment
 Other

Reviewed by: _____ Date: _____



TOWN OF MANCHESTER
CHARTER AND CODE OF ORDINANCES

§ 187-3 Issuance of License; inspection

A.

Any person who continues to operate, or who desires to operate, a food service establishment shall make written application for a license on forms provided by the Director of Health. Such application shall include the full name, address and telephone number of both the owner and operator of the establishment, the location and type of the food service establishment, the signature of the applicant, and such other pertinent information as the Director of Health may require.

B.

Prior to approval of an application for license, the Director of Health shall inspect the food service establishment.

C.

The Director of Health shall issue a license to the applicant if the inspection reveals that the food service establishment complies with the requirements of this chapter and, if the establishment is subject to the Public Health Code of the State of Connecticut, with the requirements of said Code. For private establishments not subject to said Code, advisory inspections shall be conducted using said Code standards. The results of such advisory inspections shall be given to the applicant along with consultation on how to improve conditions.

D.

All applicants for a license for a food service establishment, after the effective date of the amendment adding this provision, in addition to complying with all other provisions of this chapter must also comply with the conditions of the General Permit for the Discharge of Wastewater Associated With Food Preparation Establishments issued by the State of Connecticut Department of Environmental Protection in September, 2005, as may be amended from time to time. The General Permit, with all of its terms and conditions, is hereby incorporated by reference. A copy of the General Permit and its guidelines and regulations is available upon request from the Director of Health and is also available at the Building Department and Water and Sewer Department. The Director of Health, prior to the issuance of any food service establishment license after the effective date of this provision, shall, in consultation with the Water and Sewer Department, determine the compliance date for the General Permit for each such food service establishment and advise the applicant. The General Permit is issued by the Water and Sewer Department.

[Added 6-13-2006]