

NEW LONDON PUBLIC UTILITIES  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS

**SECTION A: FOOD SERVICE ESTABLISHMENT - GENERAL INFORMATION**

**Business Information (Local)**

Food Service Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Representative's Title: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Date of Application Submittal: \_\_\_\_\_

**Corporate Office Information (if different then above)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Billing Information (if different then above)**

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Property Owner Information (if different then above)**

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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**SECTION B: FOOD SERVICE ESTABLISHMENT INFORMATION**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Fast Food Restaurant            | <input type="checkbox"/> Hospital                |
| <input type="checkbox"/> Full Service Restaurant         | <input type="checkbox"/> Nursing Home            |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> College/University      |
| <input type="checkbox"/> Seasonal Restaurant             | <input type="checkbox"/> Club/Organization       |
| <input type="checkbox"/> Coffee Shop                     | <input type="checkbox"/> Company/Office Building |
| <input type="checkbox"/> Bakery                          | <input type="checkbox"/> Other (please describe  |
| <input type="checkbox"/> Supermarket                     | _____  |

2. Seating capacity at your place of business, please check the appropriate line.

0 to 50     51 to 100     101 to 250     over 250

3. Number of meals prepared on an average daily basis.

0 to 50     51 to 100     101 to 250     251 to 500     over 500

4. Please check each day that your business is open.

Monday  Tuesday  Wednesday  Thursday  Friday   
Saturday  Sunday

5. Please check the meals that are served at your facility.

Breakfast  Lunch  Dinner  Snack/Coffee  Food Prep. Only

6. Please check each of the items listed below that are present in your kitchen facility:

- |                       |                              |                             |                        |
|-----------------------|------------------------------|-----------------------------|------------------------|
| A. Fryolators         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| B. Grills             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| C. Ovens              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| D. Tilt kettles       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| E. Wok station        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| F. Garbage grinder    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| G. Three-bay pot sink | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| H. Two-bay sink       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| I. Single-bay sink    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| J. Pre-rinse sink     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| K. Dishwasher         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |
| L. Mop sink           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, how many _____ |

6. If your kitchen facility has grills and/or ovens which type of exhaust cleaning system do you use to clean the filters?

Automatic cleaning system     Manual cleaning system

7. Does this facility have a grease trap?

Yes     No     Not Sure

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**SECTION C: GREASE REMOVAL SYSTEM**

Internal Grease Trap Number of Units  
\_\_\_\_\_

Inground Grease Interceptor \_\_\_\_\_

Please complete the following for EACH installed grease trap.

A. Manufacturer \_\_\_\_\_ size (gallon) \_\_\_\_\_ or (pounds) \_\_\_\_\_  
Passive \_\_\_\_\_ Automatic \_\_\_\_\_  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Location \_\_\_\_\_  
(i.e., under 3-bay sink, in basement, outside in-ground, other)

B. Manufacturer \_\_\_\_\_ size (gallon) \_\_\_\_\_ or (pounds) \_\_\_\_\_  
Passive \_\_\_\_\_ Automatic \_\_\_\_\_  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Location \_\_\_\_\_

C. Manufacturer \_\_\_\_\_ size (gallon) \_\_\_\_\_ or (pounds) \_\_\_\_\_  
Passive \_\_\_\_\_ Automatic \_\_\_\_\_  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
Location \_\_\_\_\_

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

Pumping and/or cleaning of the grease removal system will be performed by:

In-house personnel Outside Contractor

If an outside firm will be used, please supply the specified information in the spaces provided below:

Contractor Name: \_\_\_\_\_

Address and Phone Number:  
\_\_\_\_\_

How frequently is it anticipated that the grease removal system will be pumped and/or cleaned?

PLEASE CHOOSE ONE:

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

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**SECTION D: MENU**

If available, please attach a copy of your company's menu to this application form.

**SECTION E: APPLICATION CERTIFICATION**

"I 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 violation."

\_\_\_\_\_  
Printed name of Signing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature if signing official

\_\_\_\_\_  
Date

**SECTION G: QUESTIONS/COMMENTS**

Should you have questions or comments concerning the application forms, please direct your questions/ comments to:

Derek Palmerone – Program Coordinator  
Phone: 860-405-6475  
Email: [derek.palmerone@veolia.com](mailto:derek.palmerone@veolia.com)  
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Waterford Ct 06385