



University of Connecticut
 Facilities Operations, Water Pollution Control
**FATS, OILS, AND GREASE PRETREATMENT
 PROGRAM REGISTRATION FORM**

UCONN USE ONLY
APP #: _____
Date Receiv'd: _____

Please complete this form in accordance with the instructions in order to ensure the proper handling of your application. Please print or type.

1. Facility Name: _____

Street Address: _____

2. Contact Information:

Contact Person Name: _____

Phone Number: _____

E-mail Address: _____

3. This form is being submitted for approval (check one)

Request for variance as a *de minimus* F.O.G. discharge

Request approval for F.O.G. pretreatment equipment

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many	Discharge rate
A. Single-bay pot sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
B. Two-bay pot sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
C. Three-bay pot sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
D. Pre-rinse sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
E. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
F. Floor drains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
F. Mop sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ gallons per minute
G. Fryolators	<input type="checkbox"/>	<input type="checkbox"/>	_____	[Redacted Area]
H. Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	
I. Ovens	<input type="checkbox"/>	<input type="checkbox"/>	_____	
J. Tilt kettles	<input type="checkbox"/>	<input type="checkbox"/>	_____	
K. Garbage grinder	<input type="checkbox"/>	<input type="checkbox"/>	_____	
L. Stovetop Burners	<input type="checkbox"/>	<input type="checkbox"/>	_____	

5. Estimated kitchen water usage: _____ gallons per day (attach calculations)

6. Provide the following information on each F.O.G. pretreatment equipment.

Unit #1

a) **The pretreatment equipment is (check one)** Currently Installed Proposed

b) **Indicate the type (check one) and specify capacity**

- Outdoor passive grease trap with a total capacity of _____ gallons
- Automatic Grease Recovery Unit (A.G.R.U.) with a treatment capacity of _____ gallons per minute
- Other (specify) _____

c) **Describe the unit's location and source of wastewater to be treated**

Unit #2 (if applicable)

a) **The pretreatment equipment is (check one)** Currently Installed Proposed

b) **Indicate the type (check one) and specify capacity**

- Outdoor passive grease trap with a total capacity of _____ gallons
- A.G.R.U. with a treatment capacity of _____ gallons per minute
- Other (specify) _____

c) **Describe the unit's location and source(s) of wastewater to be treated**

Unit #3 (if applicable)

a) **The pretreatment equipment is (check one)** Currently Installed Proposed

b) **Indicate the type (check one) and specify capacity**

- Outdoor passive grease trap with a total capacity of _____ gallons
- A.G.R.U. with a treatment capacity of _____ gallons per minute
- Other (specify) _____

c) **Describe the unit's location and source of wastewater to be treated**

If you have additional grease pretreatment equipment, please check the box below and include information for each equipment on blank copies of this page. Additional sheets attached

d) Who is responsible for coordinating maintenance of the FOG pretreatment unit(s)?

- The owner of the business/food preparation establishment that is submitting this request for approval
- Other. If checked, please specify relationship to applicant (for example, landlord or owner of separate business located in the same building): _____
Please specify name and contact information for person responsible for maintenance of unit(s):

e) How often is the FOG pretreatment unit(s) cleaned?

- Daily; Monthly; Quarterly; not applicable; other frequency _____
(Specify)

f) If a contractor cleans the grease trap, provide the company's name and phone number.

Company name _____ Phone number _____

ATTACH A MENU, SITE PLAN, WASTEWATER FLOW CALCULATIONS, AND DETAILS FOR GREASE TRAP, A.G.R.U. (AUTOMATIC GREASE RECOVERY UNIT), OR ALTERNATIVE EQUIPMENT

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I 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.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

UCONN FACILITIES OPERATIONS ONLY

- Approved
- Revise

Date _____
Reviewed By _____

REVIEW COMMENTS

