



**Town of Oxford**  
S.B. CHURCH MEMORIAL TOWN HALL  
486 OXFORD ROAD  
OXFORD, CONNECTICUT 06478

**WATER POLLUTION CONTROL AUTHORITY**

# Fats, Oil & Grease Registration Form

AUTHORITY USE ONLY	
Registration No.	_____
Business Name	_____
Date of Receipt	_____

Certain facilities that are located in Town of Oxford are required to register their activities with the Town of Oxford Water Pollution control Authority in accordance with Section 4.3 of the Town of Oxford Water Pollution Control Authority Rules and Regulations.

## Facility Information

Name of facility: \_\_\_\_\_

Owner (if different): \_\_\_\_\_

Street Address or Description of Location: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Food Provider Class: 3 ☐ 4 ☐

Food Service License Class (See PHD Food Service License): \_\_\_\_\_

Health Department Permit/Establishment# (See PHD Inspection for #): \_\_\_\_\_

Description of Foods Prepared on Site (or attach menu copy):

\_\_\_\_\_

\_\_\_\_\_

## Description of FOG Treatment System: (Check One)

Outdoor Passive: \_\_\_\_\_, Capacity: \_\_\_\_\_, Location: \_\_\_\_\_

Indoor Passive: \_\_\_\_\_, Capacity: \_\_\_\_\_, Location: \_\_\_\_\_

Indoor Mechanical: \_\_\_\_\_, Capacity: \_\_\_\_\_, Location: \_\_\_\_\_

Who Is Responsible for Coordinating Maintenance of FOG Pretreatment Units (Check One)

Landlord of Leased Facility: \_\_\_\_\_

Business Owner Located in a Leased Facility: \_\_\_\_\_

The Business Facility Owner: \_\_\_\_\_

**WORKING FOR CLEAN GROUNDWATER**



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If food is cooked or cooking utensils are cleaned at your facility?

Check Each of the items below that are present in your Kitchen

- |                       |               |                            |
|-----------------------|---------------|----------------------------|
| A. Fryolators         | Yes___, No___ | If Yes, Number of units___ |
| B. Grills             | Yes___, No___ | If Yes, Number of units___ |
| C. Ovens              | Yes___, No___ | If Yes, Number of units___ |
| D. Tilt Kettles       | Yes___, No___ | If Yes, Number of units___ |
| E. Garbage Grinder    | Yes___, No___ | If Yes, Number of units___ |
| F. Three Bay Pot sink | Yes___, No___ | If Yes, Number of units___ |
| G. Two Bay Pot Sink   | Yes___, No___ | If Yes, Number of units___ |
| H. Single Bay Sink    | Yes___, No___ | If Yes, Number of units___ |
| I. Pre-rinse Sink     | Yes___, No___ | If Yes, Number of units___ |
| J. Dishwasher         | Yes___, No___ | If Yes, Number of units___ |
| K. Mop Sink           | Yes___, No___ | If Yes, Number of units___ |
| L. Wok Station        | Yes___, No___ | If Yes, Number of units___ |

Attach Site Plan or Kitchen Plumbing Plan, List any additional AGRU, Passive Indoor or Outdoor Grease Traps as well as any details or any other information pertinent to this FOG Registration.

**Describe where grease is disposed that is removed from traps. List name of renderer or grease recycling company used.**



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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. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to applicable statute.

**Signature:** \_\_\_\_\_

**Contact Information:**

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

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

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

\_\_\_\_\_

Please complete this form and return to:  
Attention: Scott Hlstead  
Oxford WPCA  
484 Oxford Rd  
Oxford, CT 06478