



**TOWN OF CROMWELL  
CWPCA  
41 WEST STREET  
CROMWELL, CT 06416**

**REPORT OF DISCHARGE  
VIOLATION**

**This form is to be filled out only in the event of a violation of the FOG Permit.**

Discharge violations must be reported immediately by phone and in writing to the CWPCA within 5 days of occurrence. Mail to: Daniel Parisi, Sewer Administrator, CWPCA, 41 West Street, Cromwell CT 06416. Phone (860) 632-3430.

1. Food Preparation Establishment: \_\_\_\_\_

2. Location: \_\_\_\_\_ Bay/Unit#: \_\_\_\_\_

3. Permittee Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Holder of Food Service License)

**DISCHARGE INFORMATION**

4. Date of Accidental Discharge: \_\_\_\_\_

5. Cause of Accidental Discharge: \_\_\_\_\_  
\_\_\_\_\_

6. Material Discharged \_\_\_\_\_

7. Estimated Volume of the Discharge \_\_\_\_\_

8. Corrective Actions Taken \_\_\_\_\_  
\_\_\_\_\_

9. Date Corrective Actions were Taken \_\_\_\_\_

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 53a-157b of the General Statutes, and in accordance with any other applicable statute.

\_\_\_\_\_  
Signature: Owner or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**FOR TOWN USE ONLY**

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

Permit #: \_\_\_\_\_

***For additional information call the Sewer Department at (860) 632-3430.***