



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Engineering & Enforcement Division

# General Permit Registration Form for the Addition of Grass Clippings at Registered Leaf Composting Facilities

Please complete this form in accordance with the general permit (DEP-RCY-GP-006) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

|   |
|---|
| <b>CPPU USE ONLY</b>  |
| App #: _____  |
| Doc #: _____  |
| Check #: _____  |
| <b>Program: Beneficial Use/Demonstration<br/>Authorizations</b> |

*Note: If you have previously been issued an approval of registration under the subject general permit and your registration information has not changed, you do not need to submit a new registration, re-register or pay any additional permitting fee. Please call the Recycling Program at 860-424-3365 with any questions.*

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|   |  |
|---|--|
| <p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> general permit registration</p> <p><input type="checkbox"/> A <i>replacement</i> of an existing individual solid waste permit or general permit registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing general permit registration</p> | <p>Please identify any previous or existing permit/authorization/registration number in the space provided.</p> <p>Existing permit or registration number: _____</p> |
|---|--|

**Town where site is located:** \_\_\_\_\_

**Brief Description of Project:** \_\_\_\_\_

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

## Part II: Fee Information

A fee of \$500.00 [#341] is to be submitted with *each* registration that you are submitting. Each leaf composting facility to which grass will be added requires a separate registration. For municipalities, the 50% discount applies. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

### Part III: Registrant Information

- *\*If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))*
- *If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

|   |   |   |  |
|---|---|---|--|
| 1. Registrant Name:   |   |   |  |
| Mailing Address:  |   |   |  |
| City/Town:  | State:                                    | Zip Code:                               |  |
| Business Phone:   | ext.:                                     |   |  |
| Contact Person:   | Phone:                                    | ext.                                    |  |
| *E-mail:  |   |   |  |
| <p>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</p> |   |   |  |
| a) Registrant Type (check one):   |   |   |  |
| <input type="checkbox"/> individual   | <input type="checkbox"/> *business entity | <input type="checkbox"/> federal agency |  |
| <input type="checkbox"/> state agency   | <input type="checkbox"/> municipality     | <input type="checkbox"/> tribal         |  |
| *If a business entity complete i through iii:   |   |   |  |
| i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership   |   |   |  |
| <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____   |   |   |  |
| ii) provide Secretary of the State business ID #: _____ This information can be accessed at <a href="#">CONCORD</a>   |   |   |  |
| iii) <input type="checkbox"/> Check here if you are <b>NOT</b> registered with the SOTS.  |   |   |  |
| <input type="checkbox"/> Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.  |   |   |  |
| b) Registrant's interest in property at which the proposed activity is to be located:   |   |   |  |
| <input type="checkbox"/> site owner   | <input type="checkbox"/> option holder    | <input type="checkbox"/> lessee         | <input type="checkbox"/> easement holder <input type="checkbox"/> operator |
| <input type="checkbox"/> other (specify): _____   |   |   |  |
| <b>2. Billing contact, if different than the registrant.</b>  |   |   |  |
| Name:   |   |   |  |
| Mailing Address:  |   |   |  |
| City/Town:  | State:                                    | Zip Code:                               |  |
| Business Phone:   | ext.:                                     |   |  |
| Contact Person:   | Phone:                                    | ext.                                    |  |
| E-mail:   |   |   |  |

**Part III: Registrant Information (continued)**

**3. Primary contact for departmental correspondence and inquiries, if different than the registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**6. Facility Owner, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**Part III: Registrant Information (continued)**

**7. Engineer(s) or other consultant(s) employed or retained to assist** in i) preparing the registration, ii) designing or engineering how grass clippings will be added to the subject leaf composting facility, or iii) operating said facility.

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

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

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

Business Phone: \_\_\_\_\_ ext.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

Service Provided: \_\_\_\_\_

Check here if additional sheets are necessary, and label and attach them to this sheet.

**Part IV: Site/Facility Information**

**1. SITE NAME AND LOCATION**

Name of Site : \_\_\_\_\_

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

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

2. The estimated date on which the addition of grass clippings will begin:  
\_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

3. The total quantity of leaves received at the subject leaf composting facility over the past twelve months (in cubic yards): \_\_\_\_\_ cubic yards

4. The capacity of the subject leaf composting facility (in cubic yards) as registered pursuant to a leaf composting registration under section 22a-208i(a)-1 of the Regulations of Connecticut State Agencies:  
\_\_\_\_\_ cubic yards

5. Distance (in feet) from the subject leaf composting facility to any buildings within 1000 feet of said facility and the use to which such buildings are put. Location of these buildings must also be indicated and labeled on the site plan required in Part V of this application.

|                                  |                        |
|----------------------------------|------------------------|
| <i>Distance from Site (feet)</i> | <i>Use of Building</i> |
| _____                            | _____                  |

Check here if additional sheets are necessary, and label and attach them to this sheet.

#### Part IV: Site/Facility Information (continued)

6. Distance (in feet) from the subject leaf composting facility to any surface water within 500 feet of said facility. Location of these surface waters must also be indicated and labeled on the site plan required in Part V of this application.

*Distance to Surface Water (feet)*

*Type of Waterbody (i.e., stream, pond, etc.)*

Check here if additional sheets are necessary, and label and attach them to this sheet.

#### Part V: Supporting Documents

Check the applicable box below for each attachment being submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on this registration form.

- Attachment A: An 8 1/2 X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the registered leaf composting facility to which grass clippings will be added, and the area within a one mile radius of said facility. Identify the quadrangle name and number on such copy.
- Attachment B: A copy of the site plan submitted as part of the leaf composting facility registration pursuant to section 22a-208i(a)-1 of the Regulations of Connecticut State Agencies. All buildings within 1000 feet of the facility, and all surface water within 500 feet of the facility must be located and labeled on this plan.
- Attachment C: A detailed written description of how grass clippings will be added to the registered leaf composting facility. For guidance, please refer to the DEEP document entitled "[Best Management Practices for Grass Clipping Management](#)" dated January, 1999, as may be amended.

## Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

|  |                             |
|--|-----------------------------|
| <p>“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 the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that both a site plan and operation and management plan for the leaf composting facility to which grass clippings will be added have been prepared in accordance with section 22a-208i(a)-1(c)(2)(H) and (I) of the Regulations of Connecticut State Agencies.”</p> <p>I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”</p> |                             |
| <hr/> Signature of Registrant  | <hr/> Date                  |
| <hr/> Name of Registrant (print or type)   | <hr/> Title (if applicable) |
| <hr/> Signature of Preparer (if different than above)  | <hr/> Date                  |
| <hr/> Name of Preparer (print or type)   | <hr/> Title (if applicable) |
| <p><input type="checkbox"/> Check here if additional space for signatures is required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>  |                             |

Note: Please submit this completed Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127