



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

3. List primary contact for departmental correspondence and inquiries (if other than registrant).

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

2. List facility or site owner.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

3. List attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

4. List any other engineer(s) or consultant(s) employed or retained to assist in preparing the registration or in designing, constructing or operating the groundwater remediation wastewater activity.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

Service Provided:

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

### Part III: Site Information

<b>1. FACILITY NAME AND LOCATION</b>		
Name of facility :		
Street Address or Location Description:		
City/Town:	State:	Zip Code:
<b>2. COASTAL AREA:</b> Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, and this registration is for a new authorization, you must submit a <i>Coastal Consistency Review Form</i> (DEP-APP-004) with your application as Attachment C.		
Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).		
<b>3. ENDANGERED OR THREATENED SPECIES:</b> Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Map:		
If yes, complete and submit a <i>Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form</i> (DEP-APP-007) to the address specified on the form. <b>Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant. DEP strongly recommends that registrants complete this process before submitting the subject registration.</b>		
When submitting this registration form, include copies of any correspondence to and from the NDDB, including copies of the completed <i>CT NDDB Review Request Form</i> , as "Attachment D."		
For more information visit the DEP website at <a href="http://www.ct.gov/dep/angeredspecies">www.ct.gov/dep/angeredspecies</a> (Review/Data Requests) or call the NDDB at 860-424-3011.		
<b>4. AQUIFER PROTECTION AREAS:</b> Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the site within an area identified on a Level A or Level B map? <input type="checkbox"/> Yes <input type="checkbox"/> No		
To view the applicable list of towns and maps visit the DEP website at <a href="http://www.ct.gov/dep/aquiferprotection">www.ct.gov/dep/aquiferprotection</a> To speak with someone about the Aquifer Protection Areas, call 860-424-3020.		

### Part IV: Activity Information

1. Maximum Daily Flow of the withdrawal and discharge in gallons per day: _____	
2. Number of hours per day of the withdrawal and discharge _____	
3. Estimated duration of the withdrawal and discharge activity. Provide an estimated beginning and ending date.	
Beginning Date: _____	Ending Date: _____



## Part V: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been 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 the *Permit Application Transmittal Form*.

<input type="checkbox"/>	Attachment A:	Plan of the site showing at least the boundaries of the site, the exact location of all existing and proposed recovery, soil venting and drinking water wells on the site, the location of discharges covered under this general permit, the monitoring locations, the treatment systems and the location of wetlands and watercourses as defined by Sections 22a-28 and 22a-38 of the General Statutes.
<input type="checkbox"/>	Attachment B:	An 8 1/2" by 11" copy of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the exact location of each discharge, specifying the longitude and latitude of the discharge to within the closest 15 seconds, the location of any drinking water wells within a quarter mile of the site. Please include the quadrangle name and number of the USGS map.
<input type="checkbox"/>	Attachment C:	<i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment D:	A copy of the <i>CT NDDB Review Request Form</i> (DEP-APP-007) and the NDDB response thereto, if applicable.
<input type="checkbox"/>	Attachment E:	The attached Professional Certification Form, if applicable
<input type="checkbox"/>	Attachment F:	<i>Screening Form</i> (DEP-WD-SCREEN-007)
<input type="checkbox"/>	Attachment G:	<i>Approval for Connection/Transport to a POTW Form</i> (DEP-WD-APPROVAL-001) (attached)

## 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. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that a copy of this registration has been submitted to the applicable POTW Authority and written approval from the receiving POTW has been received. I certify 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 certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of their text.</p> <p>I certify that I have read the <i>General Permit for the Discharge of Groundwater Remediation Wastewater to the Sanitary Sewer</i> issued by the Commissioner of the Connecticut Department of Environmental Protection and that the discharge which is the subject of this registration is eligible for authorization under such permit; that if such discharge commenced prior to the issuance of such permit, all applicable requirements of such permit are being met; and that a functioning and effective system is in place to assure that all such requirements are met so long as the discharge which is the subject of this registration continues.</p> <p>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 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)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

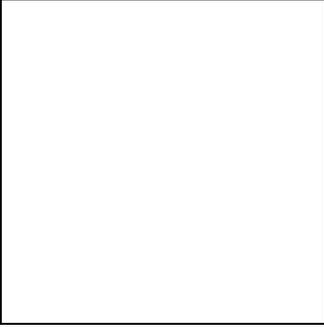
Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, and all Supporting Documents to:

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

For any discharge of groundwater remediation wastewater to a POTW, a copy of this completed registration shall also be sent to the POTW which receives or will receive the subject discharge.

## Attachment E: Professional Certification

The following certification must be signed by a professional engineer (PE) licensed to practice in Connecticut, Licensed Environmental Professional (LEP), or Certified Hazardous Materials Manager (CHMM). For short-term discharges of one month or less, the following certification is not required.

<p>"I certify that in my professional judgment, proper operation and maintenance of any systems installed to treat the discharge(s) which are the subject of this registration will ensure that all effluent limitations and other conditions in the <i>General Permit for the Discharge of Ground Water Remediation Wastewater to a Sanitary Sewer</i> are met, or if there is no treatment system for such discharge(s), that the discharge(s) will meet all effluent limitations and conditions of such general permit without treatment. This certification is based in part on my review of the information contained in the screening requirement form completed for this discharge and attached to this registration and if applicable a review of the historic land use of the site, and on any other water analyses associated with this discharge, and on engineering and/or hydrogeologic reports and/or plans and specifications describing (1) the proposed activities and (2) any proposed treatment facilities for the wastewaters to be discharged. I am aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements."</p>	
Signature of Qualified Professional as described in paragraph at top of page.	Date
Name of Signatory (print or type)	License Number, if applicable
Professional Title and associated company, if applicable.	
Affix professional stamp here, if applicable	
	

## Approval for Connection/Transport to a POTW

**Part 1:** The registrant must complete and sign Part 1.

**Part 2** The form must then be submitted to the Publicly Owned Treatment Works (POTW, or sewage treatment plant) receiving the discharge for approval. Part 2 must be completed and signed by a responsible official of the POTW.

**Part 3** Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), the registrant **must also** have the local sewer commission approve the discharge. In this case, Part 3 must be completed and signed by a responsible official of the local sewer commission.

<p><b>Part 1: <i>The facility listed in this Part is seeking Authority from the Department of Environmental Protection to discharge wastewater to the sanitary sewer, or for such discharge to be transported to the POTW.</i></b></p> <p>Facility Name:</p> <p>Site Address:</p> <p>City/Town:</p> <p>Facility is requesting approval to (check one):</p> <p><input type="checkbox"/> Connect to the Sanitary Sewer                      <input type="checkbox"/> Truck Transport to the POTW</p> <p>Discharge volume will not exceed                      gallons per day.</p> <p>Type of Discharge:</p>	
Signature of Registrant	Date
<p><b>Part 2: <i>To be completed by POTW (sewage treatment plant) receiving discharge whether by sewer line or truck transport:</i></b></p> <p>Name of Receiving POTW:</p> <p>Address of POTW:</p> <p>City/Town:</p> <p>Approved by:</p>	
Signature	Date:
Name (please print)	Title
<p><b>Part 3--<i>To be completed by Local Sewer Commission (if separate from POTW) when seeking approval for connection to the sanitary sewer:</i></b></p> <p>Local Sewer Commission:</p> <p>Address:</p> <p>City/Town:</p> <p>Approved by:</p>	
Signature	Date:
Name (please print)	Title
Comments:	