



# General Permit Registration Form For the Discharge of Minor Printing and Publishing Wastewater

Please complete this form in accordance with the *General Permit for the Discharge of Minor Printing and Publishing* (DEP-WD-GP-003) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

DEP USE ONLY	
Registration No.	_____
Permit No.	_____

## 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 <i>and</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> A <i>transfer of ownership</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> A <i>replacement</i> of an individual State or NPDES permit, or an authorization</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration</p>	<p>1. Existing permit or authorization number:</p> <p>2. Facility ID number (fka DEP/WPC number):</p> <p>3. Expiration Date:</p>
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## Part II: Fee Information

<p>A fee of \$500 is to be submitted with <i>each</i> registration that you are submitting. For those facilities with a total maximum flow of less than 40 gallons per day of minor printing and publishing wastewater, photo processing wastewater, and CTP wastewater combined, the fee shall be \$100.00. The fee for municipalities is 50% of the above listed rate. 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 Environmental Protection.</p>
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## Part III: Registrant Information

1. Registrant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
Email:			
Registrant (check one): <input type="checkbox"/> individual <input type="checkbox"/> company <input type="checkbox"/> federal gov't <input type="checkbox"/> state agency <input type="checkbox"/> municipality			
If a Company, list company type (e.g., corporation, limited partnership, etc.):			
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as supplied above.			

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

2. Provide the following information to be used for *billing purposes only*, if different than registrant information:

Company/Individual Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

Email:

3. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

Email:

4. Site Owner, if different than the registrant:

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

5. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Attorney:

6. List the person(s) contracted for the recovery of silver, if applicable.

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

Service Provided:

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

### Part III: Registrant Information (continued)

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

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

### Part IV: Site/Facility Information

#### 1. FACILITY NAME AND LOCATION

Name of facility :

Street Address or Location Description:

City/Town:

State:

Zip Code:

2. **COASTAL AREA:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps?  Yes  No

If yes, and this registration is for a new authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment A.

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).

3. **ENDANGERED OR THREATENED SPECIES:** 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"?  Yes  No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form* (DEP-APP-007) to the address specified on the form. **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.**

When submitting this registration form, include copies of any correspondence to and from the NDDB, including copies of the completed *CT NDDB Review Request Form*, as "Attachment B."

For more information visit the DEP website at [www.ct.gov/dep/endorangeredspecies](http://www.ct.gov/dep/endorangeredspecies) (Review/Data Requests) or call the NDDB at 860-424-3011.

4. **AQUIFER PROTECTION AREAS:** 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)?

Yes  No

If yes, is the site within an area identified on a Level A or Level B map?  Yes  No

To view the applicable list of towns and maps visit the DEP website at [www.ct.gov/dep/aquiferprotection](http://www.ct.gov/dep/aquiferprotection)

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

## Part V: Activity Information

*For multiple discharges, reproduce and complete this part for each discharge.*

1. Discharge Serial Number (DSN) : \_\_\_\_\_
2. Provide an estimate of when the discharge began or will begin: .\_\_\_\_\_
3. Provide a detailed description of the activity generating the discharge.
  
4. a. Is the discharge (check one):     batch discharge or     continuous?
- b. Maximum daily flow of the minor printing and publishing wastewater, excluding the photoprocessing and CTP processing wastewater, in gallons per day: \_\_\_\_\_
- c. Average daily flow of the minor printing and publishing wastewater discharge in gallons per day:  
        \_\_\_\_\_  
        (if discharge is a batch discharge, only average this discharge over days the batch will actually be discharged)
- d. Please provide estimates of the daily flows (in gallons per day) of the various minor printing and publishing wastewaters that make up the total discharge, (e.g. fountain solution, waste developer, CTP processing wastewater, rinse water, flush water, etc.)
  
- e. Maximum daily flow of photoprocessing and CTP processing wastewater in gallons per day:  
        \_\_\_\_\_
- f. Maximum weekly flow of silver-rich wastewater (those containing greater than 5 ppm of silver before treatment) in gallons per week: \_\_\_\_\_
5. Name and location of POTW receiving the discharge:
  
6. A detailed description of the type of treatment system installed to treat the discharge.

## Part V: Activity Information (continued)

*For multiple discharges, reproduce and complete this part for each discharge.*

7. A brief description of the BMP's to be implemented by the permittee to minimize the adverse environmental effects of activities authorized by this general permit.

## Part VI: 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:	<i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment B:	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 C:	The attached Certification of Silver Recovery Treatment System, if applicable.
<input type="checkbox"/>	Attachment D:	<i>Approval for Connection/Transport to a POTW Form</i> (DEP-WD-APPROVAL-001)

## Part VII: 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 Minor Printing and Publishing Wastewater</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 minor photographic processing 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 C: Certification of Silver Recovery Treatment System

The following certification, for any facility discharging treated silver-rich photographic processing wastewater, must be signed by a silver recovery equipment manufacturer or vender, silver or photographic processing trade association, professional engineer (PE) licensed to practice in Connecticut, registered environmental professional, registered environmental manager listed with the National Registry of Environmental Professionals or certified hazardous materials manager (CHMM):

<p>“I certify that in my professional judgement 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 Minor Photographic Processing Wastewater</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 on my review of engineering reports and/or plans and specifications including wastewater sampling data as available describing (1) the proposed discharges and (2) any proposed treatment system for the proposed treatment system for the wastewaters to be discharged. I am aware that there are significant penalties for false statements in this certification including the possibility to 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	
	