



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Water Protection & Land Reuse  
Planning & Standards Division

## Permit Application to Add a Regulated Activity to a Registered Facility in an Aquifer Protection Area

Please complete this form in accordance with the instructions (DEP-APA-INST-200) to ensure the proper handling of your permit application. Print or type unless otherwise noted. You must submit the application fee along with this form.

This permit application form is for adding a regulated activity to a facility where a registered regulated activity occurs in an Aquifer Protection Area in accordance with section 22a-354i-8 of the Regulations of Connecticut State Agencies (RCSA).

### Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit [rev id]</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit*</p>	<p>For renewals or modifications:</p> <p>Existing aquifer protection registration/ permit number: _____</p>
<p><b>Town where site is located:</b> _____</p> <p><b>Brief Description of Type of Business:</b></p>	

\* Note that if you are seeking a *modification*, you should consult the Aquifer Protection Program at 860-424-3020 prior to submitting an application to determine whether an application form is necessary. 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. 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

An application fee of \$1250.00, established by section 22a-6f of the General Statutes shall be submitted with the application form. The application fee for a municipality shall be \$625.00. An application shall not be deemed complete and no activity will be authorized by this application unless the application fee has been paid in full. The application 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.

**DEEP/CPPU USE ONLY**

**App #:** \_\_\_\_\_

**Reg #** \_\_\_\_\_

**Permit #** \_\_\_\_\_

**APA Name** \_\_\_\_\_

**Doc #:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Program: Aquifer Protection Area**

### Part III: Applicant Information

- *If an applicant 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, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).*
- *If an applicant 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.).*

<b>1. Applicant Name:</b>			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:	Fax:	
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 application. 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.			
a) Applicant 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:			
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 Secretary of State's office.			
b) Applicant's interest in property at which the proposed activity is to be located:			
<input type="checkbox"/> site/property owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> facility owner			
<input type="checkbox"/> easement holder <input type="checkbox"/> operator <input type="checkbox"/> other (specify): _____			
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.			
<b>2. Billing contact, if different than the applicant.</b>			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
Email:			

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

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

\*Email:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. 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.

Fax:

Attorney:

Email:

**5. Facility Operator, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

**6. Facility Owner, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

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

**7. Site/Property Owner, if different than the applicant.**  
Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Email:

**8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.**  
Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Email:  
Service Provided:

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

**Part IV: Registrant Information**

1. Fill in the following information concerning the registrant(s) as indicated on the registration, if different than the applicant.  
Name of Registrant:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Registrant's interest in property or facility at which the proposed activity is to be located:  
(check all that apply)  
 site/property owner  option holder  lessee  facility owner  
 easement holder  operator  other (specify):  
 Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

**Part V: Facility Information**

1. Name of Facility:  
Street Address or Description of Location:  
  
City/Town: State: Zip Code:

**Part V: Facility Information (continued)**

2. From the following list and in the appropriate column, check *all* regulated activities that a) are **registered** at the facility, b) are registered and will **continue** to be conducted at the facility, c) are not registered, but are **proposed** to be conducted at the facility as a permitted activity.

**Regulated Activity:** For a full description of each regulated activity see RCSA section 22a-354i-1(34) or Appendix A of the instructions (DEP-APA-INST-100).

Regulated Activity	a) registered  √	b) registered and will continue to be conducted  √	c) not registered but proposed to be conducted  √
(A) Underground storage or transmission of oil or petroleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Wastewater discharges to ground water other than domestic sewage and stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Car or truck washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Production or refining of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Industrial laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Generation of electrical power by means of fossil fuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Production of electronic boards, electrical components, or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) Embalming or crematory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) Furniture stripping operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) Furniture finishing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) Storage, treatment or disposal of hazardous waste under a RCRA permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Biological or chemical testing, analysis or research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(R) Pest control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(S) Photographic finishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(T) Production or fabrication of metal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(U) Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V: Facility Information (continued)**

Regulated Activity	a) registered  √	b) registered and will continue to be conducted  √	c) not registered but proposed to be conducted  √
(V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(W) Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(X) Storage of de-icing chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Z) Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(BB) Pulp production processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part VI: Best Management Practices

The applicant and operator, if different from the applicant, must certify that the facility is in compliance with all the best management practices set forth in RCSA section 22a-354i-9(a). The applicant **and** the operator, if different from the applicant, must sign this part. An application will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see RCSA section 22a-354i-9(a) or Appendix B of the instructions (DEP-APA-INST-200).

<p>“I certify that the subject facility is in compliance with all the best management practices set forth in RCSA section 22a-354i-9(a). I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices.”</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of RCSA section 22a-354i-9(a)(1).</li> <li><input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with RCSA section 22a-354i-9(a)(2).</li> <li><input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of RCSA section 22a-354i-9(a)(3).</li> <li><input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with RCSA section 22a-354i-9(a)(4).</li> <li><input type="checkbox"/> A Materials Management Plan has been developed in accordance with RCSA section 22a-354i-9(a)(5) and will be implemented upon issuance of a permit.</li> <li><input type="checkbox"/> A Stormwater Management Plan has been developed in accordance with RCSA section 22a-354i-9(b) and will be implemented upon issuance of a permit.</li> </ul>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Name of Applicant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Operator (if different than above)	<hr/> Date
<hr/> Name of Operator (print or type)	<hr/> Title (if applicable)

## Part VII: Site Information

1. **COASTAL BOUNDARY:** Is the activity which is the subject of this application located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this application is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEP-APP-004) with your application as Attachment E.

Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

2. **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 [Request for NDDB State Listed Species Review 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 applicant.**

The CT NDDB response **must** be submitted with this completed application as Attachment F.

For more information visit the DEEP website at [www.ct.gov/dep/nddbrequest](http://www.ct.gov/dep/nddbrequest) or call the NDDB at 860-424-3011.

## Part VIII: Supporting Documents

Check the applicable box below for each attachment being submitted with this application 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 applicant's name as indicated on this application form.

- Attachment A: A Facility Boundary Map
- Attachment B: Materials Management Plan
- Attachment C: Stormwater Management Plan
- Attachment D: *Applicant Compliance Information Form* (DEP-APP-002).
- Attachment E: *Coastal Consistency Review Form* (DEP-APP-004), if applicable.
- Attachment F: *Request for NDDB State Listed Species Review Form* (DEP-APP-007) and additional documentation, if applicable.

## Part IX: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application 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 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> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Name of Applicant (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.	

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

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

The applicant shall also mail a copy of this completed form to the following:

- Municipal Aquifer Protection Agency in the town in which the facility is located,
- the Commissioner of Public Health, and
- the affected water company.

See Appendix C of the instructions (DEP-APA-INST-200) for contacts and mailing addresses.