



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

## Registration Form for Regulated Activities in Aquifer Protection Areas

Please complete this form in accordance with the instructions (DEP-APA-INST-100) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with section 22a-354i-7 of the Regulations of Connecticut State Agencies (RCSA).

DEEP/CPPU USE ONLY	
App #:	_____
Reg #	_____
Permit #	_____
APA Name	_____
Doc #:	_____
Check #:	_____
<b>Program: Aquifer Protection Area</b>	

### 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> registration [#996]</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration [#996]</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration* [#996]</p>	<p>For renewals or modifications:</p> <p>Existing aquifer protection registration/ permit number: _____</p>
<p>**Are you registering a <i>vacant site/inactive activity</i>?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</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 a registration to determine whether a registration 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.

\*\*Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must complete the entire form, including the certification stating that applicable best management practices are being met at the site.

### Part II: Fee Information

<p>A registration fee of \$625.00, established by section 22a-6f of the General Statutes shall be submitted with the registration form. The registration fee for a municipality shall be \$312.50. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. 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.</p>
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### 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, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).*
- *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.).*

<b>1. Registrant 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 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.			
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:			
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) Registrant's interest in property at which the activity is located:			
<input type="checkbox"/>	site/property owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee
<input type="checkbox"/>	easement holder	<input type="checkbox"/> operator	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.			
<b>2. Billing contact, if different than the registrant.</b>			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
Email:			
<b>3. Primary contact for departmental correspondence and inquiries, if different than the registrant.</b>			
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.			

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

**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 registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

**7. Site/Property Owner, if different than the registrant.**

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 registration 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: Facility Information

### 1. FACILITY NAME AND LOCATION

Is the name of the facility the same as the name of the registrant?  Yes  No

Name of Facility :

Street Address or Description of Location:

City/Town:

State:

Zip Code:

2. From the following list, check *all* regulated activities being conducted at the facility. Note only certain facilities need to register regulated activities with the DEEP, please see instructions for further detail.

**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).

- (A) Underground storage or transmission of oil or petroleum
- (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- (C) On-site storage of hazardous materials for the purpose of wholesale sale
- (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- (E) Salvage operations of metal or vehicle parts
- (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- (G) Car or truck washing
- (H) Production or refining of chemicals
- (I) Clothes or cloth cleaning service (dry cleaner)
- (J) Industrial laundry service
- (K) Generation of electrical power by means of fossil fuels (power plants)
- (L) Production of electronic boards, electrical components, or other electrical equipment
- (M) Embalming or crematory services
- (N) Furniture stripping operations
- (O) Furniture finishing operations
- (P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)
- (Q) Biological or chemical testing, analysis or research
- (R) Pest control services
- (S) Photographic finishing
- (T) Production or fabrication of metal products
- (U) Printing, plate making, lithography, photoengraving, or gravure
- (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEEP General Permit)
- (W) Production of rubber, resin cements, elastomers or plastic
- (X) Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)
- (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
- (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- (BB) Pulp production processes

## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in RCSA section 22a-354i-9(a). The registrant **and** the operator, if different from the registrant, must sign this part. A registration 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-100).

<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>	
<p><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of RCSA section 22a-354i-9(a)(1).</p>	
<p><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).</p>	
<p><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).</p>	
<p><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).</p>	
<p><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 registration.</p>	
<p>_____ Signature of Registrant</p>	<p>_____ Date</p>
<p>_____ Name of Registrant (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Operator (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Operator (print or type)</p>	<p>_____ Title (if applicable)</p>

## Part VI: 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: A Facility Boundary Map (*Required for all Registrations*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility\* (property) boundaries shown. Indicate the quadrangle name on the map. A larger scale version of the Quadrangle Map or similar map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions (DEP-APA-INST-100).

\* Note: In accordance with RCSA section 22a-354i-1, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

- Attachment B: Materials Management Plan, *if requested by the commissioner.*
- Attachment C: Stormwater Management Plan, *if requested by the commissioner.*

*(continued on the following page)*

## 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.

<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 registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
_____ Signature of Registrant	_____ Date
_____ Name of Registrant (print or type)	_____ Title (if applicable)
_____ Signature of Preparer (if different than above)	_____ Date
_____ Name of Preparer (print or type)	_____ 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 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

The registrant 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-100) for contacts and mailing addresses.