



General Permit Registration Form for the Discharge of Groundwater Remediation Wastewater Directly to Surface Water

Please complete this form in accordance with the general permit (DEP-PED-GP-020) in order 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	
Application No.	_____
Permit No.	_____
Facility I.D.	_____

Part I: Registration Type

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> general permit</p> <p><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 general permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing general permit</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

<input type="checkbox"/> Registration only [711]	The registration fee of \$625.00 for any person and \$312.50 for any municipality shall be submitted with the registration form.
<input type="checkbox"/> Approval of Registration [712]	The registration fee of \$1250.00 for any person and \$625.00 for any municipality shall be submitted with the registration form.
The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by certified check or money order payable to the Department of Environmental Protection.	

Part III: Registrant Information

1. Fill in the name of the applicant/registrant/operator as indicated on the <i>Permit Application Transmittal Form</i> (DEP-APP-001).		
Applicant/Registrant/Operator:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	Fax:
Contact Person:	Title:	
E-mail:		

Part III: Registrant Information (continued)

2. List facility or site owner.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Title:

E-mail:

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Title:

E-mail:

4. List attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Title:

E-mail:

5. 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.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Title:

E-mail:

Service Provided:

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

Part IV: Site Information

1. FACILITY NAME AND LOCATION

Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

2. **COASTAL BOUNDARY:** 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 under the general permit, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment C.

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 D.

For more information visit the DEP website at www.ct.gov/dep/endangeredspecies (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

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

5. Will the subject discharge take place within a ¼ mile of any public or private drinking water well?
 Yes No

6. Check all that apply:

- The site is or was listed on the State or Federal Superfund List.
 The site is or was listed on the National Priority List.
 The site is or was listed under CERCLA.
 The site is or has been used for the disposal of hazardous materials.

7. Groundwater Classification of the site:

8. Classification of Surface Water Receiving the Discharge:

Part V: Activity Information

1. Maximum Daily Flow of the withdrawal and discharge	gpd
Number of hours per day of the withdrawal and discharge	
2. Name of Receiving Water:	
7Q10 Flow or Volume of Receiving Water:	(CFS/Gallons)
Available Dilution (7Q10 or Volume : Maximum Daily Flow):	
3. Estimated duration of the withdrawal and discharge activity. Provide an estimated beginning and ending date.	
4. A detailed description of the type of contamination being remediated and the likely source of such contamination.	
5. A detailed description of the activity generating the withdrawal and the discharge.	
6. A detailed description of the type of treatment system installed to treat the discharge, including a description of flow monitoring equipment or methodology.	
7. Will the treatment employ air stripping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. A detailed description of any energy dissipation structures to be used in connection with the subject remedial measures.	
9. A brief description of the BMP's to be implemented by the permittee to minimize the adverse environmental affects of activities covered under this general permit.	

Part VI: Environmental Professional Certification

The following certification must be signed by a professional engineer, licensed to practice in Connecticut, or a Licensed Environmental Professional, or a Certified Hazardous Materials Manager.

"I certify that, in my professional judgment, proper operation and maintenance of the treatment facility installed to treat the wastewater which is the subject of this registration will ensure that the discharge of such wastewater meets all effluent limitations and other conditions in the Department's *General Permit for the Discharge of Groundwater Remediation Wastewater Directly to Surface Water* and, if no such treatment facility has been installed, such wastewater will meet all such conditions. This certification is based in part on my review of the results of the screening analysis of such wastewater included with this registration, and on any other laboratory analyses of representative samples of such wastewater, my review of past and current uses of the site at which such wastewater is generated, and on my review of detailed and reliable information about (i) the remedial measures which will generate such wastewater and (ii) any planned treatment facility for such wastewater. I understand that any false statement in this certification is punishable as a criminal offence under section 53a-157b of the General Statutes and under any other applicable law."

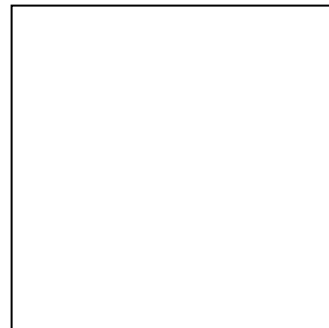
Signature of Professional Engineer

Date

Name of Professional Engineer (print or type)

P. E. Number (if applicable)

Affix P. E. Stamp Here



Part VII: Registration Mailing List

List the names of the agencies to which the registration was submitted and the date of submittal.

The following have received copies of this registration and supporting documents:	
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:

Part VIII: Supporting Documents

The supporting documents outlined below must be submitted with the registration form.

<input type="checkbox"/>	Attachment A:	Plan of the site in accordance with Section 4(c)(2)(O) of the <i>General Permit for the Discharge of Groundwater Remediation Wastewater Directly to Surface Water</i> .
<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 in accordance with Section 4(C)(2)(P) of the general permit.
<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, and any biologist's report on endangered, threatened or special concern species, if applicable.
<input type="checkbox"/>	Attachment E:	A completed <i>Screening Form</i> (DEP-PED-SCREEN-020)

Part IX: 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 signatures asked for are provided.

“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 those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

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.

I also certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that I have read the *General Permit For The Discharge of Groundwater Remediation Wastewater Directly To A Surface Water* issued by the Commissioner of the Department of Environmental Protection; 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.

I further certify that a copy of this registration has been submitted to all applicable authorities and that such authorities has approved in writing of the subject discharge.”

Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.

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

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