



# Permit Application for Wastewater Discharges

Please complete this form in accordance with section 22a-430 CGS and sections 22a-430-3, 4, 6 and 7 RCSA and the instructions (DEP-PED-INST-100). Print or type unless otherwise noted.

## Part I: Application Type

In the table below, check the appropriate box(es) in the left column to identify the categories of discharge sources originating from the site. Identify the application type by placing an "N" for new permit, "R" for a renewal of an existing permit, and "M" for a modification of an existing permit in the box(es) by the corresponding type of receiving water.

✓	Categories of Discharge Sources (check all that apply):	Type of Receiving Water	Application Type (N, R, M)	DEP Use Only Facility I.D.	
				Application No.	Permit No.
<input type="checkbox"/>	Manufacturing, Commercial, Mining, or Silvicultural Activities (Process Wastewater)	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Domestic Sewage Treatment Facilities	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Solid Waste Disposal Areas - Landfills	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	*Land Treatment Non-point Source Systems (On-Site Wastewater Renovation Systems > 5000 gpd)	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Agricultural Activities	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Concentrated Aquatic Animal Production Facilities	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Privately Owned Treatment Works	Surface Water			
		POTW			
		Ground Water			
<input type="checkbox"/>	Other (please specify):	Surface Water			
		POTW			
		Ground Water			

\* Before completing an application for this type of discharge, contact the Subsurface Disposal Section of the Bureau of Materials Management and Compliance Assurance at 860-424-3018 for additional information.



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

**3. List attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

Email:

**4. Facility Owner, if different than the applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title: ]

Location address, if different than mailing address:

**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. List any 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: Site Information

### 1. FACILITY NAME AND LOCATION

Name of facility :

Street Address or Location Description:

City or Town:

Latitude and Longitude of the approximate "center of the site" in *degrees, minutes, and seconds*:

Latitude:

Longitude:

Method of determination (check one):  GPS  USGS MAP  other

If a USGS Map was used, provide the quadrangle name:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes  No

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

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

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).

4. **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 applicant. DEP strongly recommends that applicants complete this process before submitting the subject application.**

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

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.

5. **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.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction?  Yes  No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment H1.

7. Does this application include any stormwater discharges to a Medium Municipal Separate Storm Sewer System (MS4)?  Yes  No

**Part IV: Site Information (continued)**

8. Is the project site located within a public water supply watershed?  Yes  No  
 If Yes, has a copy of this completed application been submitted to the CT Department of Public Health, Drinking Water Section?  Yes  No

**Part V: Facility or Activity Information**

1. For the facility or activity generating the discharge, provide a list of principal raw materials utilized, products produced or services provided, if applicable.

Principal Raw Materials:

Products Produced:

Services Provided:

2. SIC Codes: Primary:

Note: For domestic sewage treatment facilities the SIC code is 4952.

3. Identify wastes or wastewaters not included in this application or previously licensed by another permit or general permit. For domestic sewage treatment plants, include grit, screenings and sludge at a minimum.

Type	Quantity (mass per unit time)	Method of disposal (incineration, waste hauler, etc.)



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

5. For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:		
Identification of Requirement (federal, state or local)	Brief Description of Project and Status	Final Compliance Date (Indicate whether required or projected)

**Part VI: Supporting Documents**

Be sure to read the instructions (DEP-PED-INST-100) to determine whether the attachments listed are applicable to your specific activity. Please check the attachments submitted as verification that *all applicable* attachments have been submitted with this permit 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 the *Permit Application Transmittal Form*. Unless otherwise specified, all attachments must be completed by all applicants.

- Attachment A: *Executive Summary* (DEP-PED-APP-101)
- Attachment B: *Applicant Background Information* (DEP-PED-APP-008); if applicable
- Attachment C: *Applicant Compliance Information* (DEP-APP-002); if applicable
- Attachment D: A USGS Quadrangle Map indicating the exact location of the facility or site and *Latitude and Longitude Form* (DEP-APP-003). (*Not* required for applications to discharge from Landfills)
- Attachment E: *For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEP*, (DEP-PED-APP-102) (*Not* required for applications to discharge from Land Treatment Non-point Source Systems)
- Attachment E1: *Certification Regarding Submittal of Previously Approved Documents*, (DEP-PED-APP-102A); if applicable
- Attachment F: Site Plans and Floor Plans (*Not* required for applications to discharge from Landfills or Land Treatment Non-point Source Systems. Domestic Sewage Treatment Facilities need only include a site plan, floor plans are *not* required)
- Attachment G: *Coastal Consistency Review Form* (DEP-APP-004); if applicable

## Part VI: Supporting Documents (continued)

Attachment H: *CT NDDDB Review Request Form* (DEP-APP-007) and additional documentation, if applicable.

Attachment H1: Conservation or Preservation Restriction Information, if applicable.

### **Pollution Prevention Plans: Attachments I – L**

(*Not* required for applications to discharge from Land Treatment Non-point Source Systems)

Attachment I: Operation and Maintenance for Collection and Treatment Systems: *General Description, Plan Checklist and Certification* (DEP-PED-APP-103)

Attachment J: Solvent Management Plan; if applicable with *Plan Checklist and Certification* (DEP-PED-APP-104)

Attachment K: *Spill Prevention and Control Plan Checklist and Certification* (DEP-PED-APP-105)  
For applications to discharge process wastewaters, the Spill Prevention and Control Plan must be submitted also. (*Not* required for applications to discharge from Domestic Sewage Treatment Facilities)

Attachment L: Resource Conservation Strategies (DEP-PED-APP-106) (*Not* required for applications to discharge from Domestic Sewage Treatment Facilities)

Attachment M: Line Drawing and Process Flow Diagram, if applicable. (*Not* required for applications to discharge from Land Treatment Non-point Source Systems. Domestic Sewage Treatment Facilities need only include a process flow diagram; a line drawing is *not* required.)

Attachment N: Description and Plans and Specifications of Collection, Treatment and Disposal Systems (*Not* required for applications to discharge from Land Treatment Non-point Source Systems, Landfills to groundwater or Domestic Sewage Treatment Facilities)

Attachment O: *Discharge Information* (DEP-PED-APP-107) (*Not* required for applications to discharge from Land Treatment Non-point Source Systems, Landfills, Agricultural Activities, and Concentrated Aquatic Animal Production Facilities)

Attachment P: *Domestic Sewage Treatment Facilities* (DEP-PED-APP-108) (*Not* required for applications to discharge from subsurface systems)

Attachment Q: *Discharges of Domestic Sewage Through On-Site Wastewater Renovation Systems*  
Submit an engineering report as specified in the instructions (DEP-PED-INST-100).  
For community systems see also Attachment U.

Attachment R: *Checklist for Solid Waste Disposal Areas* (DEP-PED-WEED-APP-110) Complete the checklist, including *Leachate Parameters and Appendix I and II of Part 258* (DEP-PED-APP-110A).

Attachment S: For applications to discharge from agricultural activities, submit a farm waste management plan as specified in the instructions (DEP-PED-INST-100). For applications to discharge from *Concentrated Animal Feeding Operations*, complete the form (DEP-PED-APP-111).

Attachment T: *Concentrated Aquatic Animal Production Facilities* (DEP-PED-APP-112)

**Part VI: Supporting Documents (continued)**

Attachment U: For applications to discharge from a community sewerage system not owned by a municipality, submit a signed letter from the Water Pollution Control Authority or responsible authority of the municipality in which the system exists or will be located, as specified in the instructions (DEP-PED-INST-100). See form letter.

Attachment V: *Privately Owned Treatment Facilities* (DEP-PED-APP-113)

**Part VII: Application Certification**

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures 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 the 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 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 certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”

I certify that I will comply with all notice requirements as listed in section 22a-6g of the General Statutes.”

Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

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

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

Please remember to publish notice of the permit application immediately after submitting your completed application to DEP. Send a copy of the notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEP with the “Certification of Notice Form (DEP-APP-005A)” and an affidavit of publication from the newspaper.

## Attachment A: Executive Summary

Applicant Name:  
(as indicated on the *Permit Application Transmittal Form*)

Location of Facility or Activity:

Contact Person: \_\_\_\_\_ Phone: - -

For renewals or modifications of an existing permit, provide the Facility I.D. No.:

In the table below list *each* discharge that is the subject of this application. For renewals of existing permits, label each discharge by the same discharge serial number stated in the previous permit and provide the existing permit number. For new permits, label each discharge to a surface water consecutively starting with serial number 101; for discharges to a POTW label each discharge consecutively starting with 201; and for discharges to ground water label each discharge consecutively starting with 301.

Discharge Serial Number/ Permit Number	Maximum Flow (gallons per day)	Category of Discharge Source	Name of discharge location (Name of POTW; Name of surface water; For groundwater, name of surface watershed area)	Geographical description of location of discharge point (e.g., 20 feet north from Bear Bridge)

## Attachment A: Executive Summary (continued)

Provide a brief general description of the nature of the business or activity and of each existing or proposed activity or process generating each discharge. For new discharges, provide a timeline for initiation of the discharges as well as a brief summary of the environmental impact of the proposed discharges.

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

Provide a table of contents of the application which includes the *Permit Application Transmittal Form*, the permit application form, and a list of titles of all plans, drawings, reports, studies, or other supporting documentation which are attached as part of the application, along with the corresponding attachment label and the number of pages (i.e., Executive Summary - Attachment A - 4 pages).

## Attachment B: Applicant Background Information

Check the box by the entity which best describes the applicant and complete the requested information. **You must choose one of the following.**

**Corporation**

1. Parent Corporation

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

2. Subsidiary Corporation:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

3. Directors:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

4. Officers:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax: - -

Contact Person:

Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

**Attachment B: Applicant Background Information (continued)**

**Limited Liability Company**

1. List each member.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

2. List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

**Attachment B: Applicant Background Information (continued)**

**Limited Partnership**

1.	General Partners:				
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:	-	
	Business Phone:	- -	ext.	Fax:	- -
	Contact Person:	Title:			
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:	-	
	Business Phone:	- -	ext.	Fax:	- -
	Contact Person:	Title:			
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:	-	
	Business Phone:	- -	ext.	Fax:	- -
	Contact Person:	Title:			
	<input type="checkbox"/> Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.				
2.	Limited Partners:				
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:	-	
	Business Phone:	- -	ext.	Fax:	- -
	Contact Person:	Title:			
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:	-	
	Business Phone:	- -	ext.	Fax:	- -
	Contact Person:	Title:			
	<input type="checkbox"/> Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.				

**Attachment B: Applicant Background Information (continued)**

**General Partnership**

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

-

Business Phone: - -

ext.

Fax:

- -

Contact Person:

Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

**Attachment B: Applicant Background Information (continued)**

**Voluntary Association**

1. List authorized persons of association or list all members of association.

Name:  
Mailing Address:  
City/Town: State: Zip Code: -  
Business Phone: - - ext. Fax: - -  
Contact Person: Title:

Name:  
Mailing Address:  
City/Town: State: Zip Code: -  
Business Phone: - - ext. Fax: - -  
Contact Person: Title:

Name:  
Mailing Address:  
City/Town: State: Zip Code: -  
Business Phone: - - ext. Fax: - -  
Contact Person: Title:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

**Individual**

1. Name:  
Mailing Address:  
City/Town: State: Zip Code: -  
Business Phone: - - ext. Fax: - -  
Contact Person: Title:

2. State other names by which the applicant is known, including business names.  
Name:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.