



State of Connecticut
 Department of Environmental Protection
 Bureau of Materials Management and Compliance Assurance
 Water Permitting and Enforcement Division

Wastewater Discharge Permit Application Checklist

DEP USE ONLY	
Application No.	_____
Permit No.	_____

This **Application Checklist (Checklist)** has been created to provide guidance to the applicant in the preparation of a Water Discharge Permit Application. The *Checklist* provides information needed to evaluate - by both the applicant and the DEP - the completeness of a submitted Water Discharge Permit Application, as well as to serve as the basis for discussion at a Pre-Application Meeting between the applicant and the Department. In an effort to improve our Water Discharge Permitting Process, the Department has initiated a revised application process to ensure a more timely review and decision making of submitted applications.

Action required by the Applicant:

- Please complete this form in accordance with the instructions below and email it to the assigned DEP Water Permitting Engineer with a copy of the *Permit Application Transmittal Form* when you submit your completed permit application 180 days prior to permit expiration to the DEP.
- You may complete this checklist in preparation of the Pre-Application meeting. The Department acknowledges that not all information requested will be available at the Pre-Application meeting time period.

Part I: Fee Information

Initial Filing Fee Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Amount Paid:
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Part II: Applicant Information

1. **Fill in the name, address and phone number of the applicant (s) as indicated on the application. If the application is incomplete, a notice of insufficiency will be issued to provide missing information.**

Applicant:
 Mailing Address:
 City/Town: _____ State: _____ Zip Code: _____
 Phone: _____ ext. _____ Fax: _____
 Email: _____
 Project Contact Person: _____

2. **Applicant Type:**

Company Government (specify): _____
 Other (specify): _____

Name of Receiving Surface Water: _____
 Application Type: New Renewal Modification
 Facility I.D. Number: _____
 Permit Number(s): _____
 Expiration Date: _____
 Category of Discharge Source: _____

Part III: Site and Resource Information

1. LATITUDE AND LONGITUDE:

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:
Latitude: _____ Longitude: _____

Method of determination (check one):

GPS USGS Map Other (please specify): _____

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

Comments: _____

2. INDIAN LANDS: Is or will the site 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).

Comments: _____

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 NDDDB) Review Request Form* (DEP-APP-007) to the address specified on the form. **Please note NDDB reviews generally take 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.**

If **YES**, is the CT NDDB Review Request Form submitted with the application? Yes No

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 (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

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

6. MS4 SYSTEM: Does this application include any stormwater discharges to a Medium Municipal Separate Storm Sewer System? Yes No

7. ENVIRONMENTAL JUSTICE COMMUNITY: Does the site include an applicable facility which is located within an Environmental Justice Community, as defined in the Environmental Justice Public Participation Guidelines (Guidelines) www.ct.gov/dep/environmentaljustice? Yes No

Part III: Site and Resource Information (cont.)

If **YES** and this application is for a new or expanded permit, you must prepare an Environmental Justice Public Participation Plan (DEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan.

Prior to submitting this application forward your plan to:

Environmental Justice Program
Office of the Commissioner
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Once you have received written approval for your Environmental Justice Public Participation Plan from the DEP, submit this completed application with a copy of the Plan approval as Attachment P.

Part IV: Facility or Activity Information

1. Please check the following to indicate that they are provided in the application:

- Principal Raw Materials Products Produced Services Provided
 SIC Codes

2. Are there other wastes or wastewaters generated on site, or since the last permit was issued but are not included in this application?

Yes No

If **YES**, are the following provided in the application?

Type: Yes No

Quality: Yes No

Method of disposal: Yes No

Note: If other wastes or wastewaters are generated on site, make sure all other wastes or wastewaters generated on site are listed with the above information provided.

3. Are the names of toxic or hazardous substances or oils listed?

Yes No

If **YES**, is the use and maximum quantity used per day listed in the application?

Yes No

If stored on-site, is the maximum quantity of stored substance indicated on the application?

Yes No

4. Are there any Toxic Release Inventory pollutants?

Yes No

5. Are there any outstanding requirements or compliance schedules?

Yes No

If **YES**, are the following provided?

Identification or Requirement (federal, state, or local) Yes No

Brief description of Project and Status: Yes No

Final Compliance Date (Indicates whether required or projected): Yes No

Part V: Application Certification

1. Is the signature of the applicant and date provided? If YES , is the name and title of the applicant indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the applicant name consistent with the name as registered with the Connecticut Secretary of State? If NOT , please provide the appropriate name as registered or submit an explanation why the name is not being used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the application signed by the appropriate corporate officer consistent with Section 22a-430-3(b)(2) of the Regulations of Connecticut State Agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the signature of the preparer and date provided? (If there is no consultant, the application will not be signed) If YES , is the name and title of the preparer indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI: Supporting Documents

Have you determined which of the attachments, A through P, are applicable to your specific activity? Yes No

Please check the attachments submitted as verification that *all* applicable attachments have been submitted with this application checklist. 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*.

<input type="checkbox"/> Attachment A: Executive Summary (DEP—WD-APP-101)	
<i>Please check yes or no to indicate if the following are provided in the application.</i>	
1. Applicant Name (as provided in the <i>Permit Application Transmittal Form</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Location of Facility or Activity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Contact Person and Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Discharge Serial Number(s) (for renewal):	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Maximum Flow (gallons per day):	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Category of Discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Name(s) of the Receiving Surface water(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Brief Description of the nature of the business activity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are a project timeline and a summary of the environmental impacts of the proposed discharges included in the application? (New Discharges Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Attachment B: Applicant Background Information (DEP-APP-008)	
1. <i>One of the five (5) categories must be checked.</i>	
Corporation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited Liability Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Partnership:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Association:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI: Supporting Documents (cont.)

<input type="checkbox"/>	Attachment C: Applicant Compliance Information (DEP-APP-002)	
	1. Is the applicant name provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is the Table of Enforcement Actions completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. If any of the questions on page 1 of the form are answered YES , the Table of Enforcement Actions must be completed as directed in the instructions of the permit application.	
<input type="checkbox"/>	Attachment D: USGS Quadrangle Map	
	1. Is a USGS map provided in the application? [An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site. Indicate the quadrangle name on the map. Also include a completed <i>Latitude and Longitude</i> form (DEP-APP-003).]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Attachment E: For Renewal of Existing Permit and Other Discharge Previously Licensed by DEP (DEP-WD-APP-102)	
	1. Is the discharge analysis table (provided in the application) completed to the fullest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Did the applicant provide a summary of discharge quality data from the previous two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Is a brief narrative provided describing any changes in the processes or activities generating the discharge(s) which have occurred since the date of the last permit application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. As indicated in the table, if any permit parameter was exceeded, and any exceedances were by more than twice the permit limit or occurred more than three (3) times, did the applicant provide a description of steps taken to correct the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Attachment E1: Certification Regarding Submittal Of Previously Approved Documents by DEP (DEP-WD-APP-102A)	
	1. Please check YES or NO to indicate if the following are provided in the application:	
	Site Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Floor Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	O&M Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Resource Conservation Strategies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Collection, Treatment, and Disposal Plans and Specifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant Signature and Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant Name and Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is a brief general description of all systems to collect and treat the discharge(s) which are subject of this application and for which plans and specifications have been previously approved by DEP provided in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Attachment F: Site Plans and Floor Plans	
	1. Is the Site Plan supplied in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is the Floor Plan supplied in the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:	

Part VI: Supporting Documents (cont.)

<input type="checkbox"/>	<p>Attachment G: Coastal Consistency Review Form (DEP-APP-004)</p> <p>1. Is the <i>Coastal Consistency Review Form</i> (DEP-APP-004) provided in the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<input type="checkbox"/>	<p>Attachment H: Copy of CT NDDB Review Request Form (DEP-APP-007) or other NDDB correspondence, if applicable. (New Facilities Only)</p> <p>1. If necessary, is a <i>CT NDDB Review Request form</i> (DEP-APP-007) provided in the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<input type="checkbox"/>	<p>Attachment I: Operation And Maintenance For Collection And Treatment Systems: General Description, Plan Checklist And Certification (DEP-WD -APP-003)</p> <p>1. Is the general description of the operation and maintenance plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is a plan checklist supplied in the application, with pages 1-4 initialed as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is an applicant signature provided on page 4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are the name and qualifications of the preparer provided on page 4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<input type="checkbox"/>	<p>Attachment J: Solvent Management Plan Checklist And Certification (For Metal Finishing And Electroplating) (DEP-WD-APP-104)</p> <p>1. Is the checklist initialed as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is an applicant signature and date provided in the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If a Solvent Management Plan is submitted, are both the checklist and plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<input type="checkbox"/>	<p>Attachment K: Spill Prevention And Control Plan Checklist (DEP-WD-APP-105)</p> <p><i>All applicants must complete and submit the Spill Prevention and Control Checklist and Certification (DEP-WD-APP-105). Applicants must also submit the actual spill plan.</i></p> <p>1. Is the checklist initialed as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has the application been signed and dated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If a Spill Control Plan is submitted, are both the checklist and plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<input type="checkbox"/>	<p>Attachment L: Resource Conservation Plan (DEP-WD-APP-1-6) (New Facilities Only)</p> <p>1. Please check YES or NO to indicate if the following are provided in the application:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Applicant Name:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Water Conservation:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Resource Recovery:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Waste Recycling:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Waste Reuse:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Material or Product Substitution:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Applicant Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Conservation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Resource Recovery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Recycling:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Reuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Material or Product Substitution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Water Conservation:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Resource Recovery:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Waste Recycling:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Waste Reuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Material or Product Substitution:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/>	<p>Attachment M: Line Drawing/Water Balance And Process Schematic</p> <p>1. If applicable, answer the following questions:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Is a process line/water balance drawing depicting all discharge(s) at the facility submitted with the application?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">Did you identify the type of permit authorizing the discharges?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Is a process line/water balance drawing depicting all discharge(s) at the facility submitted with the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you identify the type of permit authorizing the discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Is a process line/water balance drawing depicting all discharge(s) at the facility submitted with the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Did you identify the type of permit authorizing the discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Part VI: Supporting Documents (cont.)

<input type="checkbox"/>	Attachment M: <i>Line Drawing/Water Balance And Process Schematic (cont.)</i>				
	Has a facility modification been made since the latest permit was issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If YES , are these modifications addressed in the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Is this referenced in ATTACHMENT E1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If YES , has there been any modification since the last permit was issued? If you checked YES* , you need to submit the latest drawing for review in the application	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
<input type="checkbox"/>	Attachment N: <i>Discharge Description and Plans and Specifications Of Collection, Treatment and Disposal System</i>				
	1. <i>If applicable, answer the following questions:</i>				
	Is treatment system process described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Are the major components of the treatment system identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Are the treatment chemicals identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Are all the significant meters such as pH and flow meters identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Are all the alarms (high/low) identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Are the Plans and Specifications submitted with the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Did the facility make any treatment system modifications since the latest permit was issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If YES , are these modifications addressed in the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Is this referenced in ATTACHMENT E1 with the latest revision date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If YES , has there been any modification since the last permit was issued? If you checked YES* , you need to submit the latest drawing for review in the application.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
<input type="checkbox"/>	Attachment O: <i>Discharge Information (DEP-WD-APP-107)</i>				
	1. <i>Please check YES or NO to indicate if the following are provided in the application:</i>				
	Applicant Name (as indicated on the <i>Permit Application Transmittal Form</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Existing Permit Number (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	PART A: General Discharge Information				
	Discharge Serial Number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Does the discharge enter the surface water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If YES , is the name or surface water body where the discharge first enters indicated in the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Is the surface water classification of the above listed water body indicated in the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Average Daily Flow (in gallons per day):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Maximum Daily Flow (in gallons per day):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Design Flow (in gallons per day):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Date discharge began or will begin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Part VI: Supporting Documents (cont.)

PART A: General Discharge Information (cont.)

Is the discharge continuous? Yes No

If **YES**, are the following indicated?

Average number of hours per day of the discharge: Yes No

Maximum number of hours per day of the discharge: Yes No

If **NO**, are the following indicated?

Average number of hours per event of the discharge: Yes No

Maximum number of hours per event of the discharge: Yes No

Is the duration and frequency of the discharge indicated? Yes No

Is a description of each specific activity or each process generating the discharge and identification of all types of waste generated by each process provided in the application? Yes No

For domestic sewage treatment plants, is a list of the location of all discharges including any plant bypasses, pumping station bypasses, and collection system overflows and bypasses provided in the application? Yes No

For Process and/or Treatment Substances:

Discharge Serial Number: Yes No

Name of Substances used in generating the wastewater: Yes No

List of toxic or hazardous substances contained in process and/or treatment Substance Yes No

List of available aquatic toxicity test results for process and/or treatment substance Yes No

Effluent Limitations and Conditions (does not need to be completed by domestic sewage treatment facilities) Yes No

If **YES**, Discharge Serial Number: Yes No

Is this discharge described by any discharge categories listed in Appendix A, "Primary Industries Categories" of Sections 22a-430-3 and RCSA? Yes No

Are there any treatment requirements established? Yes No

Is there an effluent limitation, standard, guideline, or categorical pretreatment standard established for this type of discharge in 40 CFR Parts 400-471 or elsewhere pursuant to 301, 306, 307, 318, or 405 of the Clean Water Act? Yes No

If **YES** to any of the above three (3) questions, is the following table completed (table must include the name of the discharge category and the specific citation to the regulation, if applicable, that establishes the limitation or condition)? Yes No

Name of discharge category and appropriate citation from state and/or federal regulations: Yes No

Is there an effluent limitation or condition? Yes No

Name of subpart and appropriate subpart citation: Yes No

If **YES**, Discharge Serial Number: Yes No

Part VI: Supporting Documents (cont.)

For Process and/or Treatment Substances (cont.):

Are there any effluent limitations applicable to the discharge expressed in terms of production? Yes No

If **YES**, are the following indicated on the application?

Name of the Category and Subpart: Yes No

Name and Quantity of Product per Day with Units of Measure: Yes No

Description of Process: Yes No

Number of Cycles through Process: Yes No

Part B: Discharge Analysis

Is it indicated on the application what the expected discharge quality is based on? Yes No

(can be based on the following: Projection, Actual wastewater, or wastewater from similar discharge)

All applicants must provide analyses **RESULTS IN COLUMN 1 (unless "PP" is stated and results are referenced in ATTACHMENT E)** for all the substances listed in Table 1 and other information needed to complete columns 2 and 3, for each discharge except the following: For discharges of non-contact cooling water, heat pump wastewaters and blowdown from heating and cooling equipment, provide analysis results for substances numbered in Table 1 as 3, 5, 6, and 11 through 16 only.

Is the Contract Laboratory Identification (Table 7) completed in the application? Yes No

Is there a list of laboratories and types of analyses in the application? Yes No

Attachment P: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.)

STORMWATER AND SECTIONS 316(a) and (b) of the FEDERAL WATER POLLUTION CONTROL ACT (FWPCA) REQUIREMENTS

Is this facility registered under the General Permit for the Discharge of Stormwater Associated with Industry Activity? Yes No

Has this facility been complying with the monitoring requirements under this permit? Yes No

If **NO**, is the facility taking the appropriate steps in accordance with the general permit to address noncompliance issues? Yes No

Comments:

Section 316(a) of the FWPCA – Facilities with Thermal Discharge(s) Only

Did the facility provide a report that defines its zone of influence for assimilation of the thermal discharge(s)? Yes No

Did the facility provide a detailed written discussion on whether its thermal discharge(s) is consistent with Section 316(a) of the FWPCA and Connecticut Water Quality Standards? Yes No

Did the facility provide a map of the near field area, extending outward from the discharge outfall to the receiving water body, at a scale of no greater than 100 feet per inch, delineating vegetative, fish and shellfish habitant areas, etc? Yes No

Part VI: Supporting Documents (cont.)

Did the facility provide a thermal isotherms delineating the areal extent of the plume equivalent to a temperature differential of 1.5 degrees Fahrenheit (F) and a maximum temperature of 83 degrees F? Yes No

Did the facility provide plots of the depth of water below the thermal plume depicting the difference between water depth and the depth of the thermal plume such that vertical zones of fish passage below the plume and locations to where the plume extends to the bottom can be quantified? Yes No

Section 316(b) of the FWPCA - Facilities with Intake Structures Only

Did the facility provide the biological monitoring on impingement and entrainment and technology assessment report in the application required to make a Best Technology Available (BTA) decision under Section 316(b) of the federal Clean Water Act? Yes No

Is there a description of structural and operational features that reduce impingement mortality and entrainment? Yes No

Is there a description of previous fisheries studies conducted by the facility? Yes No

Is there inclusion of a Literature Cited section with full citations for all literature used in the preparation of the application? Yes No

Description of the Facility

Fuel Type, Power Output Yes No

Purpose of Facility (e.g., base-load, peaking) Yes No

Type of Cooling System (e.g., once-through, cooling towers) Yes No

Maximum Cooling Water Capacity (MGD) Yes No

Annual Capacity Factor for last permit period Yes No

Annual Cooling Water Usage (MGD), by month, for prior permit cycle Yes No

Cooling Water Usage as a percentage of water body flow Yes No

Other Water Withdrawals from the same source that have other purposes at the facility (e.g., make-up water for cooling towers) Yes No

Source Water Body

Name of water body Yes No

Location of plant on water body Yes No

Hydrography in the vicinity of the plant (e.g., volume of flow and currents in vicinity of intake) Yes No

Summary of available Physical Data (e.g., salinity, temperature) Yes No

Cooling Water Intake Structure and Operation

Location in water body Yes No

Detailed drawings of ALL intake structure features, including scale and dimensions Yes No

Pump details (e.g., number of pumps, capacities, and operating schedule) Yes No

Screening devices (behavioral and physical): Type of screen, Mesh Size, debris/fish handling procedures Yes No

Part VI: Supporting Documents (cont.)

Detailed description of frequency, speed and duration of screen rotation and spray washing practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of screen rotations (e.g., manual screen rotations, automated schedule, pressure sensor)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Average and Maximum approach and thru-screen water velocities (fps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: Representative calculations should be shown. Maximum velocities would occur under maximum pumping rates at minimal surface water levels, equating to Extreme Low Water (ELW) in tidally affected areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fish by-pass and handling facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biocides (if used at the cooling water intake)		
Description and Toxicity of biocide used	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of introduction in system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Timing and duration of use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		

In conformance with the ADA, individuals with disabilities who need information in an alternative format to allow them to benefit and/or participate in the agency's programs and services, should call 860-424-3051 or 860-418-5937, or e-mail Marcia Z. Bonitto, ADA Coordinator at Marcia.Bonitto@ct.gov