



# Comprehensive General Permit Registration Form for Discharges to Surface Water and Groundwater

Please complete this form in accordance with the [instructions](#) (DEEP-WPED-INST-28) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
<b>Program: Industrial General Permits</b>

## Part I: Registration Type

This registration is for a (check all that apply): <input type="checkbox"/> <i>New general permit registration and</i> <input type="checkbox"/> <i>Replacement of an individual permit or an authorization</i> <input type="checkbox"/> <i>Renewal of an existing registration</i> <input type="checkbox"/> <i>A modification of an existing registration</i> <input type="checkbox"/> <i>new ownership</i>	For renewals or modifications: 1. Existing permit or authorization number: 2. Expiration Date:
<b>Town where site is located:</b> _____	
<b>Brief Description of Activity Producing the Discharge:</b> _____	

## Part II: Discharge and Fee Information: \*\*Choose column 1, 2, or 3. Then check the categories that apply.

Site Has Discharges to Surface Water Only	Site Has Discharges to Groundwater Only	Site Has Discharges to Both Surface Water and Groundwater	**Fee
<input type="checkbox"/> *Registration Only (w/o approval) <input type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Water Treatment Wastewater <input type="checkbox"/> Fire Suppression System Testing Wastewater <input type="checkbox"/> Geothermal Heat Pump Water	<input type="checkbox"/> *Registration Only (w/o approval) <input type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Water Treatment Wastewater <input type="checkbox"/> Fire Suppression System Testing Wastewater <input type="checkbox"/> Geothermal Heat Pump Water	<input type="checkbox"/> *Registration Only (w/o approval) <input type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Water Treatment Wastewater <input type="checkbox"/> Fire Suppression System Testing Wastewater <input type="checkbox"/> Geothermal Heat Pump Water	\$625.00 <b>[#2182]</b>
<input type="checkbox"/> *Registration with Approval <input type="checkbox"/> Hydrostatic Pressure Testing of Natural Gas/Petroleum Tanks	<input type="checkbox"/> *Registration with Approval <input type="checkbox"/> <b>New</b> Discharges of Water Treatment Wastewater to Ground	<input type="checkbox"/> *Registration with Approval <input type="checkbox"/> Hydrostatic Pressure Testing of Natural Gas/Petroleum Tanks <input type="checkbox"/> <b>New</b> Discharges of Water Treatment WW to Ground	\$1250.00 <b>[#2183]</b>

\*Please refer to Table 4.1—Registration and Fee Requirements on page 16 of 65 of the [Comprehensive General Permit for Discharges to Surface Water and Groundwater \(Comprehensive GP\)](#) to determine the correct fee.

\*\*All discharges from one site must be filed on one form; for multiple discharges, only pay the higher fee (\$1250 or \$625).

## Part II: Discharge and Fee Information (continued)

The fee for municipalities is 50% of the above rates.

The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.

## 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, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))
- 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.).
- If there are any changes or corrections to your company/facility or individual 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 name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes, contact the specific program from which you hold a current DEEP license.

1. Registrant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, 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 DEEP if your e-mail address changes.

a) Registrant Type (check one):

individual       federal agency       state agency       municipality       tribal

\*business entity (\*If a business entity complete i through iii):

i) check type:  corporation       limited liability company       limited partnership

limited liability partnership       statutory trust

Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))

iii)  Check here if your business is **NOT** registered with the Secretary of State's office.

Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

b) Registrant's interest in property at which the proposed activity is to be located:

site owner       option holder       lessee       easement holder       operator

other (specify): \_\_\_\_\_

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

**2. Billing contact, if different than the registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, 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 DEEP 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.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

### Part III: Registrant Information (continued)

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**7. 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.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

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

### Part IV: Site Information

**1. SITE NAME AND LOCATION**

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

**2. INDIAN LANDS:** Will the activity which is the subject of this registration be located on federally recognized Indian lands?  Yes  No

**3. COASTAL BOUNDARY:** Will the activity which is the subject of this registration be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed registration as Attachment B.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

## Part IV: Site Information (continued)

### 4. NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:

According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this registration, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes       No      Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this registration. Please note NDDDB review generally takes 4 to 6 weeks and may require the registrant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this registration. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed registration as Attachment C. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences.

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

### 5. AQUIFER PROTECTION AREAS: Will the site be located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes       No      If **yes**, check one:  Level A **or**  Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site?  Yes       No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

### 6. CONSERVATION OR PRESERVATION RESTRICTION: Will the activity which is the subject of this registration be located within a conservation or preservation restriction area? Yes      No

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

**Part V.a: Discharge Information for All Categories of Discharge**

*(Reproduce and complete this part for each discharge point.)*

1. Discharge Serial Number:

2. Discharge Type (check all types that could be discharged at a single discharge location):

- Noncontact Cooling Water
- Water Treatment Wastewater
- Hydrostatic Pressure Testing of Natural Gas/Petroleum Tanks and/or Pipelines Wastewater
- Fire Suppression System Testing Wastewater
- Geothermal Heat Pump Water, Residential Building
- Geothermal Heat Pump Water, Residential Institution or Nonresidential Building

3. Is discharge to:  a surface water body  the ground

4. Latitude of the discharge point:

5. Longitude of the discharge point:

6. Date Discharge Began or Will Begin:

7. Is discharge:  continuous  intermittent

8. Total maximum daily flow: \_\_\_\_\_ gallons per day

9. Average daily flow: \_\_\_\_\_ gallons per day

10. Maximum hourly flow rate: \_\_\_\_\_ gallons per hour

11. Maximum instantaneous flow rate: \_\_\_\_\_ gallons per minute

12. For intermittent (batch) or seasonal discharges, indicate the duration and frequency of the discharge (both maximum and average flows) and any other characteristics of the discharge that will help describe its flow pattern.

13. Please describe the method of flow measurement of each discharge (e.g. flow meter, water records, bucket and stopwatch, etc.):

**Part V.a: Discharge Information for All Categories of Discharge (continued)**

*(Reproduce and complete this part for each discharge point.)*

14. Please provide a detailed description of each specific activity or each process generating the discharge and, if the discharge is water treatment wastewater, the type of wastewater to be discharged (e.g. filter backwash, clarifier tank blowdown, clarifier tank supernatant, etc.):
15. Please provide the name(s) and Chemical Abstract System(CAS) number(s) of the substances used or added to the wastewater, including but not limited to those substances for which effluent limits are specified in Section 5(b) of the Comprehensive General Permit and those substances listed in Appendix B Table II, III and V or Appendix D of section 22a-430-4 of the Regulations of Connecticut State Agencies:
16. A description of any wastewater treatment processes, such as neutralization, filtration, or precipitation of solids or metals, etc. which the registrant utilizes or will utilize to achieve compliance with any of the effluent limits or conditions specified in Section 5 of the Comprehensive General Permit:
17. For all discharges to surface water, provide the following information; and a **Monitoring Plan** as required by Section 4(c)(2)(N) of the Comprehensive General Permit as Attachment E and a **NetDMR Subscriber Agreement** as required by Section 5(f)(1) of the Comprehensive General Permit as Attachment F:
- a. Name of stream or surface water body receiving the discharge:
  - b. The 7Q10 flow of the receiving stream:
  - c. Water quality classification of the receiving surface water body:
  - d. Instream waste concentration of this discharge (please show calculations):
  - e. Is the water body listed as impaired in the most recent [Connecticut Integrated Water Quality Report pursuant to Clean Water Act section 303\(d\) and 305\(b\)](#)?  Yes  No (See instructions to determine the water body segment classification necessary for the Connecticut Integrated Water quality Report).
- (If the answer to 17.e is “No”, skip to Part V.b. of this form)***
- f. If the answer to 17.e is “Yes”, what is the pollutant that is the cause of the impairment?

**Part V.a: Discharge Information for All Categories of Discharge (continued)**

*(Reproduce and complete this part for each discharge point.)*

g. If the impairment to the water body segment is "Habitat for Fish, Other Aquatic Life and Wildlife", attach as Attachment G monitoring data that indicates that the discharge does not contain concentrations of any pollutants with a Water Quality Criteria (WQC) identified in Table 3 of [section 22a-426-9 of the Regulations of Connecticut State Agencies](#) in concentrations greater than the more restrictive of the chronic aquatic life criteria or applicable human health criteria.

h. Will this discharge contain the contaminant listed in question 13.f. above?  Yes  No

***(If the answer to 17.h is "No", you may skip to Part V.b. of this form.)***

i. Is there an established Total Maximum Daily Load for the impaired segment?  Yes  No

j. (i) If the answer to question 17.h. is 'Yes', and the answer to question 17.i. is 'No', attach as Attachment H data and technical information that demonstrates that the discharge of the pollutant identified as an indicator of the impairment will meet in-stream water quality criteria at the point of discharge to the waterbody.

(ii) If the answer to question 17.h. is 'Yes', and the answer to question 17.i. is 'Yes', please contact the Water Quality group in the Bureau of Water Protection and Land Reuse at 860-424-3020 to determine remaining waste load allocations.

18. For discharges to the ground, provide the following information:

a. Name of the nearest downgradient stream, wetland, or other water body:

b. Distance to nearest downgradient stream, wetland, or other water body (include unit of measure):

c. Description of structure receiving wastewater (e.g. subsurface disposal system, nonstormwater basin, ground surface, etc.) and BMPs to prevent erosion:

## Part V.b. Specific Discharge Information by Category of Discharge

1. **Non-contact Cooling Water**—For discharges of Non-contact Cooling Water, please provide the following information, in accordance with Section 5(a)(3)(A) of the Comprehensive General Permit:
  - a. Source of the cooling water (groundwater, surface water, public water supply or other):
  - b. An indication of any known source of contamination:
  - c. For tidal surface waters, available dilution at low tide as determined by the commissioner (see [instructions](#) for obtaining this data):
  - d. For existing discharges, attach a table summarizing the last two years of monitoring data including flow, temperature, and aquatic toxicity testing results including chemical parameters as Attachment I.
  - e. For existing discharges to surface water, **Discharge Analysis** as required by Section 4(c)(2)(O) of the Comprehensive General Permit as Attachment J.
  
2. **Water Treatment Wastewater**—For discharges of Water Treatment Wastewater, please provide the following information, in accordance with Section 5(a)(3)(B) of the Comprehensive General Permit:
  - a. Does the subject activity include a potable water treatment facility(ies)?  Yes  No  
If Yes, provide a list of all water storage tanks associated with that facility as Attachment K.
  - b. Does the discharge contain residual chlorine?  Yes  No If Yes, what is the approximate level of residual chlorine:
  - c. For **existing** discharges, attach a table summarizing the last two years of monitoring data including flow and aquatic toxicity testing results including chemical parameters as Attachment L.
  - d. For **existing** discharges to surface water, **Discharge Analysis**, as required by Section 4(c)(2)(O) of the Comprehensive General Permit as Attachment M.
  - e. For **new** discharges to the ground, **Plans & Specifications**, as required by Section 4(c)(2)(P) of the Comprehensive General Permit as Attachment N.
  - f. Residuals Management Plan -- For water treatment facilities producing solid or semi-solid residuals removed during the treatment process, attach the Residuals Management Plan described in Section 4(c)(3)(B)(vi) of the Comprehensive General Permit as Attachment O.
  - g. Aluminum Variance Request—For water treatment facilities seeking a variance pursuant to Section 5(a)(3)(T) of the Comprehensive General Permit, attach the variance request form provided with this registration as Attachment P.
  
3. **Hydrostatic Pressure Testing of Natural Gas and Petroleum Tanks and/or Pipelines Wastewater** For discharges of these wastewaters, please provide the following information, in accordance with Section 5(a)(3)(C) of the Comprehensive General Permit:
  - a. The type of product that will be/was in the tank or pipeline:
  - b. Provide the ambient flow rate of the receiving stream:                      gpd

## 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: An 8 1/2" X 11" or larger copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site and all discharge points and/or treatment lagoons. Indicate the quadrangle name on the map.
  - Attachment B: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
  - Attachment C: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your registration. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
  - Attachment D: Conservation or Preservation Restriction Information, if applicable
- For Discharges to Surface Water Only:**
- Attachment E: **Monitoring Plan** for all surface water discharges as required by Section 4(c)(2)(N) of the Comprehensive General Permit.
  - Attachment F: **NetDMR Subscriber Agreement** for all surface water discharges as required by Section 5(f)(1) of the Comprehensive General Permit.
  - Attachment G: **For Discharges to Waterbodies Impaired for "Habitat for Fish, Other Aquatic Life and Wildlife"**, monitoring data that indicates that the discharge does not contain concentrations of any pollutants with a Water Quality Criteria (WQC) identified in Table 3 of [section 22a-426-9 of the Regulations of Connecticut State Agencies](#) in concentrations greater than the more restrictive of the chronic aquatic life criteria or applicable human health criteria.
  - Attachment H: **For Discharges to Impaired Waterbodies Without a Total Maximum Daily Load Evaluation Where the Discharge Contains the Pollutant Causing the Impairment**, data and technical information that demonstrates that the discharge will meet in-stream water quality criteria at the point of discharge to the waterbody.
- For Discharges of Non-contact Cooling Water Only:**
- Attachment I: **Non-contact Cooling Water Monitoring Data** from existing sources as required by Section 4(c)(3)(A)(v) of the Comprehensive General Permit.
  - Attachment J: **Discharge Analysis for Existing Non-contact Cooling Water Discharges to Surface Water** as required by Section 4(c)(2)(O) of the Comprehensive General Permit.
- For Discharges of Water Treatment Wastewater Only:**
- Attachment K: **Water Storage Tanks** associated with the water treatment facility that is the subject of this registration as required by Section 4(c)(3)(B)(i) of the Comprehensive General Permit.
  - Attachment L: **Water Treatment Wastewater Monitoring Data** from existing sources as required by Section 4(c)(3)(B)(v) of the Comprehensive General Permit.
  - Attachment M: **Discharge Analysis for Existing Water Treatment Wastewater to Surface Water** as required by Section 4(c)(2)(O) of the Comprehensive General Permit.
  - Attachment N: **Plans & Specifications for New Water Treatment Wastewater Discharges to the Ground** as required by Section 4(c)(2)(P) of the Comprehensive General Permit.
  - Attachment O: **Residuals Management Plan** for water treatment facilities producing solid or semi-solid residuals removed during the treatment process as required by Section 4(c)(3)(B)(vi) of the Comprehensive General Permit.
  - Attachment P: **Aluminum Variance Request** for water treatment facilities seeking a variance pursuant to Section 5(a)(3)(T) of the Comprehensive General Permit.

## Part VII: Qualified Professional Certification

The following certification must be signed by a Qualified Professional as defined in Appendix A of the Comprehensive General Permit. A registration will be considered incomplete if the certification is not attached.

"I hereby certify that I am a Qualified Professional Engineer as defined in the Comprehensive General Permit for Discharges to Surface Water and Groundwater. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by *Insert Name of Registrant* for an activity located at *Insert Site Activity Address*. I have personally examined and am familiar with the information that provides the basis for this certification, including, but not limited to, all information described in Section 3(b)(12)(C) of such general permit and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(12)(D) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I understand that this certification may be subject to an audit by the commissioner in accordance with Section 22a-430b of the Connecticut General Statutes, and I agree to cooperate with the commissioner should such an audit be required, including, but not limited to providing information as may be requested in writing by the commissioner in connection with any such audit. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under Section 53a-157b of the Connecticut General Statutes and any other applicable law."

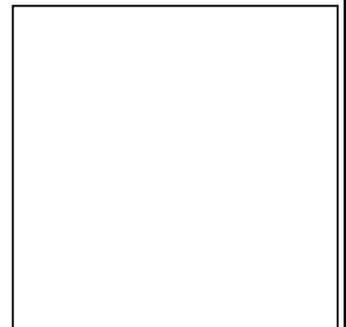
Signature of Qualified Professional

Date

Printed Name of Qualified Professional

P.E. Number (if applicable)

Affix P.E. Stamp Here



### Part VIII: Registrant Certification

The registrant (**with the proper signatory authority as specified under Part VIII in the instructions**) must sign this part. A registration will be considered insufficient without this certification.

"I hereby certify that I am making this certification in connection with a registration under such general permit, submitted to the commissioner by *Insert Name of Registrant* for an activity located at *Insert Site Activity Address* and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(13)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(13)(B) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination.

I certify that our facility does not use products or chemicals that may result in a discharge of mercury.

I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification. I understand that the certification made pursuant to Section 3(b)(13) of this general permit may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and that I will be required to provide additional information as may be requested in writing by the commissioner in connection with such audit, and the registration filed in connection with such general permit may be denied, revoked or suspended as a result of such audit. As part of such audit, I understand the commissioner may require that any information prepared in accordance with this general permit be independently certified by a Professional Engineer in accordance with this general permit and that such independent certification shall be at the registrant's expense. I understand that the reasonable cost of any such audit that reveals that a false certification was submitted to the commissioner may be charged to the registrant for this general permit for which such certification was made. I also understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Registrant (print or type)

\_\_\_\_\_  
Title (if applicable)

## Part IX: Preparer Certification

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. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

"I hereby certify that I am making this certification in connection with a registration under such general permit, submitted to the commissioner by **Insert Name of Registrant** for an activity located at **Insert Site Activity Address** and that such activity is eligible for authorization under such permit.

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

I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(13)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief.

I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification.

I understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

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 registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: 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**