



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

General Permit Registration Form for Miscellaneous Discharges of Sewer Compatible Wastewater

Please complete this form in accordance with the [instructions](#) (DEEP-WPED-INST-0012) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Industrial General Permits

Part I: Registration Type

Check the appropriate box identifying the registration type.

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

Part II: Fee Information

Before completing this part, it will be necessary to complete the table of discharges in Part V.a. of this registration form in order to determine the correct fee below. You will then check the applicable box below identifying your registration type to determine your registration fee.

<input type="checkbox"/> For discharges requiring Registration Only	\$500.00 [#1892]
<input type="checkbox"/> For discharges requiring Registration with Approval	\$1,000.00 [#1893]
<p>The applicable registration fee checked above is to be submitted with <i>each</i> registration that you are submitting. Each site registering under the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater requires a separate registration. The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p>	

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. The facility operator must be the registrant as opposed to the facility owner. 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)
- 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 you must contact the specific program from which you hold a current DEEP license.

1. Registrant/Facility Operator 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 the Department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address changes.			
a) Registrant Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality <input type="checkbox"/> tribal
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)			
iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.			
<input type="checkbox"/> 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:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> easement holder <input type="checkbox"/> operator
<input type="checkbox"/> other (specify): _____			
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:			

Part III: Registrant Information (continued)

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 the Department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address changes.

4. Facility Owner, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

5. Attorney or other representative, if applicable.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. 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:

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 registration 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, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment B.

Information on the coastal boundary is available at 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).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the project site located within an area identified as a habitat for endangered, threatened or special concern species? Yes No Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-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.**

A **copy** of the completed *Request for NDDB State Listed Species Review Form* and the CT NDDB response **must** be submitted with this completed registration as Attachment C.

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site 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 or contact the program at 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 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: Facility Wastewater Discharge Information

Please see the instructions for Part V for information on completing the table below.

1. MISC Wastewater Categories Group I Discharges	2. Max Daily Flow of discharge <i>NOT</i> requiring treatment (gpd)	3. Max Daily Flow of discharge requiring treatment (gpd)	4. Sum of #2. & #3. (gpd)	5. NetDMR? (check box if sum in box to left >5000 gpd)
<input type="checkbox"/> Air Comp. Condensate & Blowdown				<input type="checkbox"/>
<input type="checkbox"/> Boiler Blowdown				<input type="checkbox"/>
<input type="checkbox"/> Contact Cooling & Heating Water				<input type="checkbox"/>
<input type="checkbox"/> Cutting & Grinding				<input type="checkbox"/>
<input type="checkbox"/> Non-Destruct Testing Rinsewater				<input type="checkbox"/>
<input type="checkbox"/> Printing and Photo Processing				<input type="checkbox"/>
<input type="checkbox"/> Tumbling & Cleaning				<input type="checkbox"/>
<input type="checkbox"/> Water Treatment				<input type="checkbox"/>
<input type="checkbox"/> Other (specify in Part Vb):				<input type="checkbox"/>
6. Cumulative Max Daily Flow of Group I Wastewaters	a.	b.	c.	
Group II Discharges				
<input type="checkbox"/> Non-Contact Cooling Water				NA
<input type="checkbox"/> Hydrostatic Pressure testing				NA
<input type="checkbox"/> Commercial Laundry				(>25,000 gpd) <input type="checkbox"/>
<input type="checkbox"/> Food Processing				(>25,000 gpd) <input type="checkbox"/>
<input type="checkbox"/> Rev. Osmosis Reject Wat.				NA
7. Cumulative Max Daily Flow of Group II Wastewaters	a.	b.	c.	
Group III Discharges				
<input type="checkbox"/> Building Maintenance				NA
<input type="checkbox"/> Fire Suppression Test				NA
<input type="checkbox"/> Swimming Pool				NA
<input type="checkbox"/> Potable Water Sys. Main. Or Sampling				NA
8. Cumulative Maximum Daily Flow of Group III Wastewaters	a.	b.	c.	
9. Facility Total Maximum Daily Flow (6c. + 7c. + 8c.)				
10. Sum of all Group I and Group II discharges (6c.+ 7c.) to determine if Qualified Professional certification is necessary (excluding non-contact cooling water and reverse osmosis reject water) _____ (gallons per day)				
11. Maximum instantaneous flowrate of the facility: _____ (gallons per minute)				

Part V.a: Facility Wastewater Discharge Information (continued)

12. Based on the information gathered in the table in Part V.a. above and further explanatory information in the instructions, please check the appropriate box in the table below to determine if **Registration Only** or **Registration with Approval** is required for your discharge to be authorized. Then please return to "Part II. Fee Information" to check the proper fee box.

Registration Required?	Discharge Group	Total Maximum Daily Flow Thresholds	Fees¹
No Registration (no further submission necessary)	I	< 1,000 gpd	\$0
	II	<5,000 gpd	
	III	All Flows	
<input type="checkbox"/> Registration Only	I (w/o treatment)	$1,000 \leq \text{Flow} < 25,000 \text{ gpd}$	\$500.00
	II (w/o treatment)	$5,000 \leq \text{Flow} < 25,000 \text{ gpd}$	
	II (noncontact cooling water)	$\text{Flow} \geq 25,000 \text{ gpd}$	
	IV (w/o treatment)	All Flows	
<input type="checkbox"/> Registration with Approval	All discharges requiring variance	All Flows	\$1,000.00
	I (w/treatment)	$1,000 \leq \text{Flow} < 25,000 \text{ gpd}$	
	II (w/treatment)	$5,000 \leq \text{Flow} < 25,000 \text{ gpd}$	
	IV (w/treatment)	All Flows	
	I + II (with or without treatment)	$\text{Flow} \geq 25,000 \text{ gpd}$	

¹Municipalities will receive a 50% discount on fees.

Part V.b: Individual Discharge Information

The below information must be provided for each category or categories of discharge that will discharge to a sanitary sewer lateral and for which monitoring samples will be taken. Attach additional sheets as necessary. See instructions for further guidance.

1. Discharge Serial Number: _____
2. If registration is new, the anticipated start date of the discharge: _____
3. Discharge Location: _____
4. Monitoring Location: _____
5. Name of Receiving POTW: _____
6. Method by which POTW will receive discharge: Sanitary Sewer Transported by truck
7. Miscellaneous Discharge Category(ies) (check all that apply):

<input type="checkbox"/> Air compressor condensate & blowdown	<input type="checkbox"/> Hydrostatic pressure testing wastewater
<input type="checkbox"/> Boiler blowdown	<input type="checkbox"/> Commercial laundry wastewater
<input type="checkbox"/> Contact cooling & heating water	<input type="checkbox"/> Food processing wastewater
<input type="checkbox"/> Cutting and grinding wastewater	<input type="checkbox"/> Reverse osmosis reject water
<input type="checkbox"/> Non-destruct testing rinsewater	<input type="checkbox"/> Building maintenance wastewater
<input type="checkbox"/> Printing and photo processing wastewater	<input type="checkbox"/> Fire suppression testing wastewater
<input type="checkbox"/> Tumbling and cleaning wastewater	<input type="checkbox"/> Swimming pool wastewaters
<input type="checkbox"/> Water treatment wastewater	<input type="checkbox"/> Potable water system main or sampling ww
<input type="checkbox"/> Non-contact cooling water	<input type="checkbox"/> Other processing wastewater
8. Is discharge: continuous throughout the operating hours or a batch discharge
9. Total Maximum Daily Flow (gpd): _____
10. Method of Flow Measurement: _____
11. A detailed description of the processes or activities generating the discharge(s). When different processes or activities produce different discharges, please be specific about each.

Part VI: Additional Information and 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: **Approval for Connection/Transport to a POTW (WPED-APPROVAL-001) (required for all registrations)**
- Attachment B: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment C: **Copy** of the completed *Request for NDDDB State Listed Species Review Form* (DEEP-APP-007) and the NDDDB response, if applicable.
- Attachment D: **Conservation or Preservation Restriction Information:** if applicable
- Attachment E: **Professional Engineer or Qualified Professional Engineer Certification** (see the certification requirements in Table 4-1 of the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater)
- Attachment F: **Certified Hazardous Materials Manager or Qualified Certified Hazardous Materials Manager Certification** (see the certification requirements in Table 4-1 of the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater)
- Attachment G: **Discharge Analysis** For existing discharges only, one screening analysis from the testing of a sample taken within 90 days of registration for pollutants, specified by Section 5(b)(1) of the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater, shall be submitted with the registration form.
- Attachment H: **Subscriber Agreement** (www.ct.gov/deep/netdmr)
- Attachment I: **For Water Treatment Facilities Discharging Water Treatment Wastewater with Total Suspended Solids Concentrations in Excess of 600 mg/l**, the Water Treatment Wastewater and Residuals Management Plan required by Section 4(c)(2)(T) of the **General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater**.

Part VII: Registrant Certification

The registrant must sign this part. A registration will be considered incomplete without this certification.

<p>"I hereby certify that I am making this certification in connection with a registration under the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater, submitted to the commissioner by</p> <p style="margin-left: 20px;">Insert Name of Registrant</p> <p>for an activity located at Insert Site Activity Address</p> <p>and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to such 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)(9)(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)(9)(B) of such general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I certify that written approval from the POTW Authority with jurisdiction over the receiving POTW has been granted on a form provided by the commissioner. 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)(8) 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 to be independently certified by a Qualified Professional Engineer or Qualified Certified Hazardous Materials Manager 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."</p>	
Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)

Part VIII: 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 the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater, 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 such 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)(9)(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 the 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**

Attachment A: Approval for Connection/Transport to a POTW

Part 1: The registrant must complete and sign Part 1.

Part 2 The form must then be submitted to the Publicly Owned Treatment Works (POTW, or sewage treatment plant) receiving the discharge for approval. Part 2 must be completed and signed by a responsible official of the POTW.

Part 3 Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), the registrant **must also** have the local sewer commission approve the discharge. In this case, Part 3 must be completed and signed by a responsible official of the local sewer commission.

<p>Part 1: <i>The facility listed in this Part is seeking Authority from the Department of Energy and Environmental Protection to discharge wastewater to the sanitary sewer, or for such discharge to be transported to the POTW.</i></p>	
<p>Facility Name: _____</p>	
<p>Site Address: _____</p>	
<p>City/Town: _____</p>	
<p>Facility is requesting approval to (check one):</p>	
<p><input type="checkbox"/> Connect to the Sanitary Sewer</p>	<p><input type="checkbox"/> Truck Transport to the POTW</p>
<p>Discharge volume will not exceed _____ gallons per day.</p>	
<p>Type of Discharge: _____</p>	
<p>Signature of Registrant</p>	<p>Date</p>
<p>Part 2: <i>To be completed by POTW (sewage treatment plant) receiving discharge whether by sewer line or truck transport:</i></p>	
<p>Name of Receiving POTW: _____</p>	
<p>Address of POTW: _____</p>	
<p>City/Town: _____</p>	
<p><input type="checkbox"/> Adequate hydraulic capacity to receive the discharge</p>	
<p>Approved by:</p>	
<p>Signature</p>	<p>Date:</p>
<p>Name (please print)</p>	<p>Title</p>
<p>Part 3: <i>To be completed by Local Sewer Commission (if separate from POTW) when seeking approval for connection to the sanitary sewer:</i></p>	
<p>Local Sewer Commission: _____</p>	
<p>Address: _____</p>	
<p>City/Town: _____</p>	
<p><input type="checkbox"/> Adequate hydraulic capacity to receive the discharge</p>	
<p>Approved by:</p>	
<p>Signature</p>	<p>Date:</p>
<p>Name (please print)</p>	<p>Title</p>
<p>Comments:</p>	

Attachment E: Professional Engineer or Qualified Professional Engineer Certification

The following certification must be signed by a Professional Engineer (PE) or Qualified Professional Engineer (QPE) if required according to Table 4-1 of the Miscellaneous General Permit. A registration will be considered incomplete if the certification is required but not attached.

- I am signing this document as a Professional Engineer (this registration requires approval and the facility's maximum daily flow of MISC wastewater is less than 25,000 gallons per day).
- I am signing this document as a Qualified Professional Engineer (the facility's maximum daily flow of MISC wastewater is greater than or equal to 25,000 gallons per day).

"I hereby certify that I am a Professional Engineer or Qualified Professional Engineer as defined in the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater and as further specified in Section 3(b)(8) of such general permit. 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)(8)(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)(8)(D) of such 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 Professional Engineer or Qualified Professional Engineer	Date
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Printed Name of Professional Engineer or Qualified Professional Engineer	P.E. Number (if applicable)
	Affix P.E. Stamp Here (if applicable)

Attachment F: Certified Hazardous Materials Manager or Qualified Certified Hazardous Materials Manager Certification

The following certification must be signed by a Certified Hazardous Materials Manager (CHMM) or Qualified Certified Hazardous Materials Manager (QCHMM) if required according to Table 4-1 of the Miscellaneous General Permit. A registration will be considered incomplete if the certification is required but not attached.

- I am signing this document as a Certified Hazardous Material Manager (this registration requires approval and the facility's maximum daily flow of MISC wastewater is less than 25,000 gallons per day).
- I am signing this document as a Qualified Certified Hazardous Material Manager (the facility's maximum daily flow of MISC wastewater is greater than or equal to 25,000 gallons per day).

"I hereby certify that I am a Certified Hazardous Materials Manager or Qualified Certified Hazardous Materials Manager as defined in the General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater and as further specified in Section 3(b)(8) of such general permit. 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)(8)(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)(8)(D)(ii) of such 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 Certified Hazardous Materials Manager or Qualified Certified Hazardous Materials Manager	Date
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Printed Name of Certified Hazardous Materials Manager or Qualified Certified Hazardous Materials Manager	CHMM Number (if applicable)
	Affix CHMM Stamp Here (if applicable)

