



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

Approval of Registration General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides

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

Please complete this form in accordance with sections 22a-430b and 22a-66z CGS in order to ensure the proper handling of your registration. Print or type unless otherwise noted. Complete one registration per site.

Part I: Registration Description

The registration types below identify who must apply for an approval of registration under the subject general permit. Check the appropriate box(es) identifying the registration type:

Pesticide application by a state or federal agency.
Must complete this registration and Appendix A of this registration

Pesticide application by **other than** a state or federal agency (**and** check one type from below)

Pesticide application **not** regulated under section 22a-66z CGS and treating an area equal to or greater than 80 acres. **Must complete this registration and Appendix A of this registration**

Pesticide application **not** regulated under section 22a-66z CGS and treating an area of shoreline greater than 20 miles measured linearly. **Must complete this registration and Appendix A of this registration.**

Note: *If conducting an aquatic application of pesticide(s) **regulated** under section 22a-66z CGS, and treating an area equal to or greater than 80 acres, **do not complete this registration.** Complete the "Permit Application for the Use of Pesticides in State Waters" (DEP-PEST-APP-200) **and attach Appendix A of this registration to that application.***

Town where site is located: _____

Brief Description of Project:

Part II: Fee Information

A fee of \$200.00 [#1796] is to be submitted with *each* permit that you are applying for. Each site requires a separate permit. 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.

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, the 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)*
- *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.).*

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 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):

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 database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

iii) Check here if you are **NOT** registered with the Secretary of State's office.

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): _____

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

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. List only one owner of the site to be treated.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

5. List the person or company applying the pesticides.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Certification Number:

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Waterbody:

Street address and/or description of location:

City or Town:

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

Part IV: Site Information (continued)

3. COASTAL AREA: Is the pesticide application located in a municipality within the coastal area?

Yes No (check town list in the instructions)

If yes, is the water being treated subject to the ebb and flow of the tides, or inundated by saline or brackish water at least once a month? Yes No

If the water being treated is subject to the ebb and flow of the tides, or is inundated by saline or brackish water at least once a month, you must submit a Coastal Consistency Review Form (DEP-APP-004) with your registration as Attachment B.

For assistance in determining if the water being treated is affected by tidal water as described above or in completing the Coastal Consistency Review form, contact the Office of Long Island Sound Programs (OLISP) at 860-424-3034.

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 Request for NDDDB State Listed Species Review Form (DEP-APP-007) to the address specified on the form. Please note NDDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant.

The CT NDDDB response must be submitted with this completed registration as Attachment C.

For more information visit the DEEP website at www.ct.gov/dep/nddbrequest or call the NDDDB 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 To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A or Level B map? Yes No

If your site is on a Level A or Level B map, you are not required to register under the Aquifer Protection Program, **however** you must follow proper spill control measures to prevent potential contamination of drinking water. If you should have a spill, please call the emergency hotline **immediately** at 860-424-3338.

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.

7. Type of area to be treated: Tidal Waters Pond or Lake Stream

8 Is the waterbody located in a public water supply watershed? Yes No

9. Where does the waterbody flow to?

Is the outflow usually flowing? Yes No

Can outflow be stopped? Yes No

10. Identify the size of the waterbody: Length (ft.) Width (ft.) Acres

Maximum Depth (ft.) Average Depth (ft.) Volume (Ac-ft)

11. Portion of the waterbody to be treated: Acres Volume (Ac-ft.)

Part V: 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" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated.
- Attachment B: *Coastal Consistency Review Form* (DEP-APP-004), if applicable.
- Attachment C: **Copy** of the completed *Request for NDDB State Listed Species Review Form* (DEP-APP-007) **and** the NDDB response, if applicable.
- Attachment D: Conservation or Preservation Restriction Information, if applicable.
- Attachment E: Copy of certified mail receipt verifying that this completed registration has been sent to the local inland wetlands agency. For multiple registrations submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of such receipt to each registration being submitted to the department.
- Attachment F: **Appendix A:** *Certification that the Pesticide Application will be Conducted in Accordance With a Pesticide Discharge Management Plan that Complies with the Minimum Requirements of Appendix A of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides (attached)*

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part VI: Registration Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. An registration will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed registration to the appropriate local inland wetland agency.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p><input type="checkbox"/> I also certify that I have sent one copy of this completed registration to the appropriate local inland wetland agency on _____“ <div style="text-align: center; margin-left: 150px;">Date</div></p>	
_____ Signature of Registrant	_____ Date
_____ Name of Registrant (print or type)	_____ Title (if applicable)
_____ Signature of Preparer (if different than above)	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.</p>	

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

Please also submit a copy of this completed registration to the local inland wetlands agency.

Appendix A: Certification that the Pesticide Application will be Conducted in Accordance With a Pesticide Discharge Management Plan that Complies with the Minimum Requirements of Appendix A of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. An registration will be considered insufficient unless *all* required signatures are provided. Please also check the box and provide the date for which you sent one copy of this completed registration to the appropriate local inland wetland agency.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I also certify that the pesticide application is being conducted in accordance with a Pesticide Discharge Management Plan, and is being conducted in accordance with the principles of Integrated Pest Management. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text. I also certify that I have sent one copy of this completed registration to the appropriate local inland wetland agency.”</p>	
Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Submit this completed Appendix form with the registration under the subject general permit, or when applicable, with the Permit Application for the Use of Pesticides in State Waters (DEP-PEST-APP-200)*.

**If conducting an aquatic application of pesticide(s) regulated under section 22a-66z CGS, and treating an area equal to or greater than 80 acres, complete the “Permit Application for the Use of Pesticides in State Waters” (DEP-PEST-APP-200) and attach Appendix A of this registration to that application.*