



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

General Permit Registration Form to Discharge from Subsurface Sewage Disposal Systems Serving Existing Facilities

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: DOMESTIC SEWAGE UIC	

Print or type unless otherwise noted. You must submit the registration fee along with this form.

Part I: Registration and Fee Type

Check all appropriate boxes identifying the registration type:		Fee	
<input type="checkbox"/> Initial registration	<input type="checkbox"/> sites with design flows <7,500 gallons per day	\$100.00	[#1802]
	<input type="checkbox"/> sites with design flows >7,500 gallons per day and ≤ 10,000 gallons per day	\$1,500.00	[#1803]
	<input type="checkbox"/> sites with design flows >10,000 gallons per day	\$3,000.00	[#1804]
<input type="checkbox"/> System modification (expansions and repairs) with no modifications to WMP		\$250.00	[#2185]
<input type="checkbox"/> System modification (expansions and repairs) with modifications to WMP		\$500.00	[#2186]
<input type="checkbox"/> Modification to Part II of this registration form	If the site has changed ownership, do not complete this registration as notification. You must complete and submit a License Transfer Form . For all other changes to Part II of this form, you must complete and submit this registration as notification.	\$0	[#1811]
<input type="checkbox"/> WMP submittal	CPPU USE ONLY: APP #: EI: Subsurface Sewage Disposal Systems Serving Existing Facilities-GP-WMP	\$0	[#1812]

Part I: Registration and Fee Type (continued)

For an existing facility that has previously been authorized for the subject activity by DEEP, provide the following:

Existing permit/ authorization/registration number:

Notes

- If you are seeking a modification of an initial registration, wastewater management plan or are proposing to transfer ownership, contact the Subsurface Disposal Section at 860-424-3018 for specific requirements prior to submitting a registration.
- A registration, including supporting documents and the fees specified above, is to be submitted for *each* existing facility, although multiple activities located at one site may be submitted simultaneously under one registration form.
- 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.

Revocation/Withdrawal of Existing Permit/Application

1. If you currently hold an individual permit for the authorized discharge under the subject general permit, you must request to revoke the individual permit to be authorized under the subject general permit.

Do you request revocation of your individual permit? Yes No

2. If you currently have an open individual permit application, you must withdraw your individual permit application to be authorized under the subject general permit.

Do you request withdrawal of your individual permit application? Yes No

If yes, please provide your application number:

Part II: Registrant Information (registrant must be “owner of the site”)

- **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)*
- *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.

Part II: Registrant Information (continued)

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)

iii) Check here if you are **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): _____

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 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. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

Part II: Registrant Information (continued)

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:

6. List any 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 III: Site Information

1. SITE NAME AND LOCATION

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

2. **INDIAN LANDS:** Will the activity which is the subject of this registration be located on federally recognized Indian lands? Yes

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](#) (DEP-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).

Part III: 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 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 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 IV: Activity Specific Information

1. Number of parcels or lots on site: _____

2. Number of subsurface disposal systems on site: _____

3. In the table below, describe each subsurface disposal system indicated in item #2 above. Label each system (e.g., #1, #2, etc.). If the condition of the system is unknown, indicate 'unknown'.

System Label	Total Flow	Condition of System

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

Part IV: Activity Specific Information (continued)

4. Describe expansion(s), if applicable.

5. Describe repair(s), if applicable.

6. Describe modifications to WMP, if applicable.

7. List modifications to initial registration, if applicable.

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

Part V: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been 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: For all registrations, 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 site, if not previously submitted. Indicate the quadrangle name on the map.
- Attachment B: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment C: A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do *not* submit any NDDB Preliminary Site Assessments with your registration. Be aware that you must renew your NDDB Determination if it expires before project work commences.
- Attachment D: Conservation or Preservation Restriction Information, if applicable

Notes: Attachments A through D need not be submitted for modifications if such attachments have been previously submitted and have not been modified.

Technical Plan Submittal Requirements

- For each proposed expansion, repair, building conversion and change in use, a technical plan prepared in accordance with Section 4(c)3(A) of this general permit must be submitted within one (1) year of the date of receipt of registration under this general permit.
- The Technical Plan shall be submitted to the commissioner at the following address:
SUBSURFACE GROUP
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Wastewater Management Plan (WMP) Submittal Requirements

- For initial registrations that **do not include** a repair or proposed expansion, a WMP prepared in accordance with Section 4(c)3(B) of the subject general permit, must be submitted within two (2) years of the date of receipt of registration under this general permit.
- For initial registrations or modifications of an initial registration of an existing facility that **include** repairs or proposed expansions not associated with design flow increase, a WMP prepared in accordance with Section 4(c)3(B) of the subject general permit, must be submitted within one (1) year of the date of receipt of registration under this general permit, if such plan has not previously been submitted and approved.
- For initial registrations or modifications of an initial registration of an existing facility that **includes** either proposed expansions associated with a design flow increase or building conversions, a WMP prepared in accordance with Section 4(c)3(B) of the subject general permit, shall be submitted with the technical plan.
- WMP shall be submitted **with this completed registration** to the commissioner at the following address:
CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127
- Prior to preparation of a technical plan or WMP, the registrant must contact the Department to schedule a site investigation to be observed by Department staff. Contact Subsurface Group at 860-424-3018. Such investigation may include, but not be limited to, deep test hole soil descriptions, groundwater depth, restrictive layer depth, redoximorphic features, permeability samples taken, and all time and measurement readings of the percolation test(s).

Part VI: Registrant Certification

The registrant *and* 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.]

<p>"I certify that:</p> <p style="margin-left: 40px;">I have read the General Permit to Discharge from Subsurface Sewage Disposal Systems Serving Existing Facilities issued by the Commissioner of the Connecticut Department of Energy and Environmental Protection; and that the discharge from the subsurface sewage disposal system(s) which are the subject of this registration are eligible for authorization under such permit; that all applicable requirements of such permit are being met or on an assigned schedule to be met; and that a functioning and effective system is in place or will be in place to assure that all such requirements are met so long as the discharge(s) which are the subject of this registration continue.</p> <p style="margin-left: 40px;">Other than what is being proposed through this registration and addressed through the development of the WMP, there are no known or apparent failed or malfunctioning systems evident on the site.</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">A copy of the registration, including supporting documents, has been provided to the local health department and the State Department of Public Health and for community systems, to the local water pollution control authority.</p> <p style="margin-left: 40px;">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>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> 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. 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