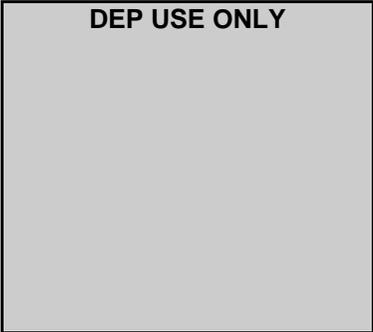




General Permit Registration Form for the Discharge of Swimming Pool Wastewater from a Public Pool



Please complete this form in accordance with the general permit (DEP-WD-GP-005) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> registration</p> <p><input type="checkbox"/> A replacement of an existing individual permit or registration</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration</p>	<p>Please identify any previous or existing permit/authorization/registration number, which authorizes the subject discharge in the space provided:</p> <hr/>
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Part II: Fee Information

<p>A fee of \$500.00 is to be submitted with <i>each</i> registration that you are submitting. The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee.</p>
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Part III: Registrant Information

<p>1. List registrant(s) information):</p> <p>Registrant:</p> <p>Mailing Address:</p> <p>City/Town: State: Zip Code:</p> <p>Business Phone: ext.: Fax:</p> <p>Contact Person: Phone: ext.</p> <p>Registrant (check one): <input type="checkbox"/> individual <input type="checkbox"/> company <input type="checkbox"/> federal gov't <input type="checkbox"/> state agency <input type="checkbox"/> municipality</p> <p>If a Company, list company type (e.g., corporation, limited partnership, etc.):</p> <p><input type="checkbox"/> Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.</p>			
<p>2. List primary contact for departmental correspondence and inquiries, if different than the registrant.</p> <p>Name:</p> <p>Mailing Address:</p> <p>City/Town: State: Zip Code:</p> <p>Business Phone: ext. Fax:</p> <p>Contact Person: Title:</p>			

Part IV: Site Information (Municipalities with multiple sites, please provide the following information for each site. Attach copies if necessary.)

1. Name of facility, if applicable: _____
 Street Address or Description of Location: _____
 City/Town: _____ State: __ Zip Code: _____

Part V: Activity Information (Municipalities with multiple sites, please provide the following information for each site. Attach copies if necessary.)

1. Capacity of the swimming pool: _____gallons

a. Maximum Flow _____gallons per day (gpd) generated by draining the pool over a one-day period.

b. Maximum Flow _____gpd generated by filtration backwash.

c. Maximum Flow _____gpd generated by maintenance (e.g. pressure washing, acid cleaning, deck washing).

2. Date Discharge Began or Will Begin: _____

3. For each type of swimming pool discharge below, please indicate 1) the method used to discharge the swimming pool wastewater (e.g. bottom drains, deck drains, pump, etc) 2) the duration and frequency of the discharge (e.g. 30 minutes three times per day) and 3) where each swimming pool wastewater discharge is directed (e.g. sanitary sewer, a dedicated subsurface disposal system, the ground, a holding tank, or to surface water).

Type of Swimming Pool Discharge	Method Used To Discharge	Duration & Frequency of Discharge	Discharge Direct To:				
			Sanitary sewer	Dedicated subsurface disposal system	*Ground	Holding tank	**Surface water
Swimming Pool Draining Wastewaters			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool Filtration Backwash Wastewaters			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming Pool Maintenance Wastewaters			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*If directed to **ground** answer the following for each type of discharge:

Type of Discharge:	Distance to nearest stormwater collection system or surface water body (whichever is closer)	Name of nearest waterbody the stormwater collection system empties into:
Draining	_____yards	_____
Filtration Backwash	_____yards	_____
Maintenance	_____yards	_____

Part V: Activity Information (continued)

If directed to **surface water answer the following: (Filtration backwash and maintenance wastewaters cannot be directed to surface waters):

- a. Name of receiving surface water body: _____
 - b. How is discharge conveyed to the surface water body (e.g. underground 4" diameter pipe or over the ground or along an open air culvert): _____
4. If swimming pool wastewater will be held in a holding tank to be transported to a POTW, please provide the following:
- a. name of the transporter who is properly licensed to transport the wastewater: _____
 - b. POTW that has been approved by DEP to accept the over-the-road wastewater: _____
5. For discharges to a sanitary sewer:
- List name and location of POTW (sewage treatment plant) receiving the discharge:
- Name: _____
- Address: _____
- City/Town: _____ State: ___ Zip Code: _____

Part VI: Supporting Document

Please check the attachment submitted as verification that the applicable attachment has been submitted with this application 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 the *Permit Application Transmittal Form*.

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|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment A: | Include with any public pool registration which covers discharges to a surface water or ground water, an 8 1/2" x 11" copy of the relevant portion or a full-sized original of a United States Geological Survey (USGS) Quadrangle Map, at a scale of 1:24,000, a Google Map or equivalent map indicating the exact location of the discharge, specifying the longitude and latitude of the discharge to within the closest 15 seconds. If the map used is a USGS Quadrangle Map, indicate the quadrangle name on the map. (To obtain a copy of the relevant USGS Quadrangle Map, call your town hall or DEP Maps and Publications Sales at 860-424-3555.) |
| <input type="checkbox"/> | Attachment B: | Include with any public pool registration which includes discharges to a POTW, the approval by the POTW for connection or transport to the POTW receiving the discharge (Approval for Connection/Transport to a POTW (Word) (PDF)) |

Part VII: 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.

<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 those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made 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 general permit application is on complete and accurate forms as prescribed by the commissioner without alteration of their text.</p> <p>I certify that I have read the <i>General Permit for the Discharge of Swimming Pool Wastewater</i> issued by the commissioner of the Department of Environmental Protection; that the discharge which is the subject of this registration is eligible for authorization under such permit; that if such discharge commenced prior to the issuance of such permit, all applicable requirements of such permit are being met; and that a functioning and effective system is in place to assure that all such requirements are met so long as the discharge which is the subject of this registration continues.”</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.	

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

For any discharge of Swimming Pool Wastewater greater than 5,000 gallons per day from a public pool to a POTW, a copy of the public pool registration shall be sent to the POTW which receives or will receive the discharge.

For any discharge of Swimming Pool Wastewater from a public pool to the groundwater via a subsurface disposal system, a copy of the public pool registration shall also be sent to the town or district health official.