



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

Facility and Wastewater Treatment System Modification Notification and Request for Approval

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: see below

Please complete this form in accordance with the instructions to ensure the proper handling of your request. Print or type unless otherwise noted.

Completion and submission of this form constitutes the notification required by section 22a-430-3(i) of the Regulations of Connecticut State Agencies (RCSA). This form may be used for wastewater generating activities currently licensed to discharge to the waters of the state by either an individual surface water discharge permit or pretreatment permit issued in accordance with sections 22a-430-3 and 22a-430-4 RCSA.

Part I: Application Type and Description

Check the appropriate box(es) identifying the application type.

Type of Receiving Water (select one)	CPPU USE ONLY
<input type="checkbox"/> Surface water: (select one below) <ul style="list-style-type: none"> <input type="checkbox"/> Facility or process modification (3(i)(2)) [# 1725] <input type="checkbox"/> Wastewater treatment system modification (3(i)(3)) [#1724] <input type="checkbox"/> Both (3(i)(2) and 3(i)(3)) [#1724 + #1725] 	Program: Industrial NPDES Permits
<input type="checkbox"/> POTW (sewer): (select one below) <ul style="list-style-type: none"> <input type="checkbox"/> Facility or process modification (3(i)(2)) [# 1723] <input type="checkbox"/> Wastewater treatment system modification (3(i)(3)) [#1722] <input type="checkbox"/> Both (3(i)(2) and 3(i)(3)) [#1722 + #1723] 	Program: Industrial Pre-treatment Permits
1. Existing permit or authorization number: 2. Expiration Date:	

Part II: Fee Information

There is no fee for this application.

Part III: Applicant Information

- **If an applicant 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 applicant'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 an applicant 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. Applicant 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 application. 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) Applicant 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 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.			
b) Applicant'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): _____	
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.			

Part IV: Site Information

SITE NAME AND LOCATION		
Name of Site :		
Street Address or Location Description:		
City/Town:	State:	Zip Code:

Part V: Facility Contact Information

Facility Name:		
Facility Address or Location Description:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.:	
Contact Person:	Phone:	ext.
Title:		
E-mail:		

For Parts VI and VII, provide the information below for each discharge associated with the proposed modification(s). Reproduce these parts as necessary for each discharge.

Part VI: Discharge Information

1. Discharge Serial Number:
2. Average Permitted Daily Flow (gpd):
3. Permitted Maximum Daily Flow (gpd):
4. Design Flow (gpd):
5. Actual Average Daily Flow (gpd) (average for past 3 months):
6. Maximum Daily Flow During the previous 12 months (gpd):
7. Anticipated Average Flow from New Process (gpd):
8. Anticipated Maximum Flow from New Process (gpd):

Part VII: Description of Proposed Modification

1. Provide a brief description of the proposed modification(s), as well as a timeline for modification completion and implementation of the proposed modification(s).
2. If the proposed change(s) will result in the expansion or modification of an existing wastewater collection or treatment system or its method of operation, provide a detailed explanation describing the reasons for implementing each change and the projected effects on the wastewater discharge.

Part VII: Description of Proposed Modification (continued)

3. Identify all Appendix B and D substances and all other substances that have the ability to break down into an Appendix B or D substance that are expected present in the discharge as a result of the modification and provide actual or projected discharge concentration data for the substances.
4. Provide a demonstration or detailed explanation with supporting documentation that clearly shows the projected worst-case concentration of *any substance* addition resulting from the modification will not cause the following:
- Interference with or adverse effect upon the operation of the wastewater collection and treatment facility or receiving POTW,
 - Interference with or adverse effect upon the ability of the treatment system or receiving POTW to handle, use or dispose of sludge,
 - The treatment facility or receiving POTW to exceed its influent design loading,
 - The discharge to violate any condition of the permit including but not limited to exceeding effluent limitations,
 - Pass through of any substance into the receiving waters which may cause or threaten pollution,
 - Non-compliance with any of the requirements of section 22a-430-4(t)(2) of RCSA,
 - Inconsistency with the Connecticut Water Quality Standards.

Provide the results of any bench scale studies or additional sampling which may have been performed to support your analysis as Attachment F.

5. For discharge to a POTW: As a result of the modification, does the discharge contain a substance, which, in the absence of a wastewater discharge permit, would be considered a hazardous waste under 40 CFR Part 261? Yes No
6. For discharge to a POTW: As a result of the modification, will the discharge substantially be changed in volume or character of pollutants? Yes No

If you answered yes to item 5 or 6, you must complete and submit the attached POTW Notification Form (DEEP-WPED-APP-002A) to the receiving POTW and attach a copy of the completed POTW notification form as Attachment G to this application.

Part X: Certification

The applicant (permittee) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

“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 Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

I understand that I am obligated to notify DEEP of any modification made to wastewater generating processes, collection, or treatment systems which has the potential to affect my ability to comply with the terms and conditions of the existing permit and to obtain all necessary permit modifications.

All proposed modifications specified herein will be made in accordance with the resource conservation and spill prevention and control requirements of sections 22a-430-3(o) and 22a-430-3(p) RCSA.

All modified facilities and systems and parts thereof for wastewater collection, storage, treatment and control will be operated and maintained according to the operation and maintenance requirements of section 22a-430-3(f) RCSA. The facility’s operation and maintenance plan will be updated to reflect all changes made to such facilities and systems.

For any discharge to a POTW, if the proposed change is expected to elevate the discharge volume above its typical average, present a new substance to the waste stream, or cause the waste stream to be identified as a hazardous waste under 40 CFR Part 261 in the absence of a discharge permit, I will notify the local POTW by completing and submitting the *POTW Notification Form* (DEEP-WPED-APP-002A) to the receiving POTW.

The proposed modifications are not expected to violate the terms and conditions of the facility’s existing permit.”

Signature of Permittee’s Authorized Agent

Date

Printed Name of Permittee’s Authorized Agent

Title

Signature of Preparer (if different from above)

Date

Name of Preparer

Title

Note: Please submit this form and all Supporting Documents to:

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

