



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

Permit Application for Wastewater Discharges from Manufacturing, Commercial, and Other Activities

Please complete this form in accordance with CGS section 22a-430 and RCSA sections 22a-430-3, 4, 6 and 7 and the [instructions](#) (DEEP-WPED-INST-100) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee and a copy of the published notice of permit application and the completed [Certification of Notice Form](#) along with this form.

Note: For wastewater discharges from **agricultural activities, domestic sewage treatment works and subsurface sewage treatment and disposal systems (includes septic systems)**, a different application must be completed and submitted. Refer to www.ct.gov/deep/waterdischargepermitapps for the list of wastewater discharge permit applications.

CPPU USE ONLY
Check #: _____

Part I: Application Type and Description

1. Type of Receiving Water	2. Application Type (N, R, M)	3. Type of Discharge(s) (see instructions)	DEEP Use Only		
			App No.	Doc No.	PROGRAM/ REV. ID
<input type="checkbox"/> Surface Water					INDUSTRIAL NPDES [#700] Modification [#589]
<input type="checkbox"/> POTW					INDUSTRIAL PRETREATMENT [#702]; Modification [#602]
<input type="checkbox"/> Ground Water					UIC (SUBSURFACE) [#701]; Modification [#715]
4. If this application is for a renewal or modification of an existing permit or includes a discharge previously licensed by a general permit or an emergency or temporary authorization, provide: Permit or Authorization Number(s) _____ Expiration Date: _____					
5. Town where site is located:					
6. Brief Description of Activity:					

Part II: Fee and Public Notice Information

1. The **initial** fee of \$1,300.00, is to be submitted with *each new or renewal* application The **initial** fee of \$940.00, is to be submitted with *each permit modification* application The fee for municipalities is 50% of the above listed rate. The application will not be processed without the initial fee. An invoice will be sent for the remaining application processing fee as listed in RCSA section 22a-430-6. The fee shall be *non-refundable* and shall be paid by check or money order to the **Department of Energy and Environmental Protection**.
2. The public notice of application must be published **prior** to submitting an application, as required in CGS section 22a-6g. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will **not** be processed if Attachment AA is not included.

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.).*
- *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. 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 DEEP, 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 DEEP if your e-mail address changes.

a) Applicant 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 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:

site owner option holder lessee

easement holder operator other (specify): _____

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

Part III: Applicant Information (continued)

2. Billing contact, if different than the applicant.

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 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 DEEP, 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 DEEP 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:

E-mail:

5. Facility Operator, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Facility Owner, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

7. Property Owner, if different than the applicant.
Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
Contact Person: Phone: ext.
E-mail:

8. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.
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. Label and attach the sheets to this page.

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 this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified? Yes No
If yes, **and** if the activity which is the subject of this application is located within the coastal boundary as delineated on DEEP approved coastal boundary maps, you must complete and submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment E.
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 IV: Site Information (continued)

4. ENDANGERED OR THREATENED SPECIES: Is this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified? Yes No

If yes, **and** if the project site is located within an area identified as a habitat for endangered, threatened or special concern species according to the most current "State and Federal Listed Species and Natural Communities Map", (Date of Map used to determine: _____), 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 applicant.**

The CT NDDB response **must** be submitted with this completed application as Attachment F.

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 application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment G.

Part V: Facility or Activity Information

1. Provide a brief description of the facility or activity generating the discharge (including products produced or services provided, if applicable).

2. SIC Codes: Primary:

3. Identify wastes or wastewaters not included in this application or previously or presently licensed by another permit or general permit.

Type of waste/wastewater	Quantity (mass per unit time)	Method of disposal (incineration, waste hauler, etc.)	Name of Disposal Facility, Waste Hauler and/or Name of License

Part V: Facility or Activity Information (continued)

4. Inventory of toxic and hazardous substances and oil or petroleum liquids (please see instructions)

Check here if additional sheets are necessary. If so, please reproduce this sheet and attach copies to this sheet.

Name of toxic or hazardous substance or oil	Use of toxic or hazardous substance and maximum quantity used per day	If stored on-site, indicate maximum quantity of stored substance	TRI pollutant yes or no

5. For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:

Identification of Requirement (federal, state or local)	Brief Description of Project and Status	Final Compliance Date (Indicate whether required or projected)

Part VI: Supporting Documents

Be sure to read the instructions (DEEP-WPED-INST-100) to determine whether the attachments listed are applicable to your specific activity. Please check the attachments submitted as verification that *all* applicable attachments have 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 applicant's name as indicated in Part III of this document.

<input type="checkbox"/>	Attachment AA:	a copy of the published notice of permit application, as described in the instructions, attached to a completed " Certification of Notice Form " (DEEP-APP-005A)
<input type="checkbox"/>	Attachment A:	Executive Summary (DEEP-WPED-APP-101)
<input type="checkbox"/>	Attachment B:	Applicant Background Information Form (DEEP-APP-008); if applicable
<input type="checkbox"/>	Attachment C:	Applicant Compliance Information Form (DEEP-APP-002); if applicable
<input type="checkbox"/>	Attachment D:	A USGS Quadrangle Map indicating the exact location of the facility or site and Latitude and Longitude Form (DEEP-APP-003)
<input type="checkbox"/>	Attachment E:	Coastal Consistency Review Form (DEEP-APP-004); if applicable
<input type="checkbox"/>	Attachment F:	Copy of the completed <i>Request for NDDB State Listed Species Review Form</i> (DEEP-APP-007) and the NDDB response, if applicable.
<input type="checkbox"/>	Attachment G:	Conservation or Preservation Restriction Information; if applicable.
<input type="checkbox"/>	Attachment I-1:	Site Plans and Floor Plans (For renewals, refer to Attachment X.)
<input type="checkbox"/>	Attachment I:	Operation and Maintenance for Collection and Treatment Systems: General Description, Plan Checklist and Certification (DEEP-WPED-APP-103). (For renewals, refer to Attachment X.)
<input type="checkbox"/>	Attachment J:	Solvent Management Plan; if applicable with Plan Checklist and Certification (DEEP-WPED-104) (For renewals, refer to Attachment X.)
<input type="checkbox"/>	Attachment K:	<i>Spill Prevention and Control Plan</i> , Plan Checklist and Certification (DEEP-WPED-APP-105) For applications to discharge process wastewaters, the Spill Prevention and Control Plan must be submitted also. (For renewals, refer to Attachment X.)
<input type="checkbox"/>	Attachment L:	Resource Conservation Strategies (DEEP-WPED-APP-106) (For renewals, refer to Attachment X.)
<input type="checkbox"/>	Attachment M:	Line Drawing and Process Flow Diagram
<input type="checkbox"/>	Attachment N:	Description and Plans and Specifications of Collection, Treatment and Disposal Systems. (For renewals, refer to Attachment X.) (<i>Not</i> required for applications to discharge from Landfills to groundwater)
<input type="checkbox"/>	Attachment O:	Discharge Information (DEEP-WPED-APP-107) (required for all applications for point source discharges to surface waters, sanitary sewers, and non-domestic sewage to the ground)
<input type="checkbox"/>	Attachment R:	For Landfills Only: Checklist for Solid Waste Disposal Areas (DEEP-WPED-WEED-APP-110) Complete the checklist, including <i>Leachate Parameters and Appendix I and II of Part 258</i> (DEEP-WPED-APP-110A).
<input type="checkbox"/>	Attachment T:	For Concentrated Aquatic Animal Production Facilities Only :(DEEP-WPED-APP-112)
<input type="checkbox"/>	Attachment W:	For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEEP , (DEEP-WPED-APP-102)
<input type="checkbox"/>	Attachment X:	Certification Regarding Submittal of Previously Approved Documents , (DEEP-WPED-APP-102A); if applicable

Part VII: Applicant Certification

The applicant *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 ***and are the proper signatory authority as specified under Part VII in the instructions.*** If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

<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 application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I have complied with all notice requirements as listed in section 22a-6g of the General Statutes.”</p>	
Signature of Applicant	Date
Printed Name of Applicant	Title (if applicable)
Signature of Preparer (if different than above)	Date
Printed Name of Preparer	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. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit this completed application 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 remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A) as Attachment AA to this application.