



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

# Permit Application for Wastewater Discharges from Subsurface Sewage Treatment and Disposal Systems

Before completing an application for this type of discharge, contact the Subsurface Disposal Section of the Bureau of Materials Management and Compliance Assurance at 860-424-3025 for additional information.

|                                     |
|-------------------------------------|
| CPPU USE ONLY                       |
| App #: _____                        |
| Doc #: _____                        |
| Check #: _____                      |
| <b>PROGRAM: DOMESTIC SEWAGE UIC</b> |

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-200) to ensure the proper handling of your application. Print or type unless otherwise noted. **You must submit the fee and a copy of the published notice of permit application and the completed [Certification of Notice Form](#) along with this form.**

## Part I: Application Type and Description

Check the appropriate box identifying the application type.

|  |  |
|--|--|
| This application is for (check one):<br><input type="checkbox"/> A <i>new</i> permit<br><input type="checkbox"/> A <i>renewal</i> of an existing permit<br><input type="checkbox"/> A <i>modification</i> of an existing permit<br><input type="checkbox"/> A <i>renewal (includes modification)</i> of an existing permit | Existing permit number (for renewals and modifications): |
| <b>Town Location:</b>  |  |
| <b>Brief Description of Activity:</b>  |  |

## Part II: Fee & Public Notice Information

|  |
|--|
| <ol style="list-style-type: none"> <li>The <b>total application</b> fee of \$4,975.00 [#1840] is to be submitted with <i>each</i> application. The fee for municipalities is 50% of the above listed rate. The application will not be processed without the fee. The fee shall be <i>non-refundable</i> and shall be paid by check or money order to the <b>Department of Energy and Environmental Protection</b>.</li> <li>The public notice of application must be published <b>prior</b> 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 <b>not</b> be processed if Attachment AA is not included.</li> </ol> <p>Date of Publication:</p> |
|--|

### 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](http://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 name, 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. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.*

#### 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):

municipality     federal agency     state agency     individual     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](http://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. List attorney or other representative, if applicable.**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Wastewater Treatment Contract Operator, 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)**

|   |        |           |  |
|---|--------|-----------|--|
| <b>6. Property Owner, if different than the applicant.</b>  |        |           |  |
| Name:   |        |           |  |
| Mailing Address:  |        |           |  |
| City/Town:  | State: | Zip Code: |  |
| Business Phone:   | ext.:  |           |  |
| Contact Person:   | Phone: | ext.      |  |
| E-mail:   |        |           |  |
| <b>7. Facility Owner, if different than the applicant:</b>  |        |           |  |
| Name:   |        |           |  |
| Mailing Address:  |        |           |  |
| City/Town:  | State: | Zip Code: |  |
| Business Phone:   | ext.:  |           |  |
| Contact Person:   | Phone: | ext.      |  |
| E-mail:   |        |           |  |
| <b>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.</b> |        |           |  |
| Name:   |        |           |  |
| Mailing Address:  |        |           |  |
| City/Town:  | State: | Zip Code: |  |
| Business Phone:   | ext.:  |           |  |
| Contact Person:   | Phone: | ext.      |  |
| E-mail:   |        |           |  |
| Service Provided:   |        |           |  |
| <input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.  |        |           |  |

**Pre-Application Meeting**

|  |                                     |
|--|-------------------------------------|
| <b>If a pre-application meeting was held concerning the subject activity, provide the following:</b> |                                     |
| DEEP Staff Name: _____   | Pre-Application Meeting Date: _____ |

**Part IV: Site Information**

|   |        |           |
|---|--------|-----------|
| <b>1. SITE NAME AND LOCATION</b>        |        |           |
| Name of Site:                           |        |           |
| Street Address or Location Description: |        |           |
| City/Town:                              | State: | Zip Code: |

## Part IV: Site Information (continued)

2. **INDIAN LANDS:** Will the activity which is the subject of this application 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](http://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).

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 application, 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 application. Please note NDDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment F. 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](http://www.ct.gov/deep/nddbrequest) or call the NDDDB 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](http://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 application be located within a conservation or preservation restriction area?  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. Identify wastes or wastewaters not included in this application or previously licensed by another permit or general permit.

| Type | Quantity (mass per unit time) | Method of disposal (incineration, waste hauler, etc.) |
|------|-------------------------------|---|
|      |                               |   |
|      |                               |   |
|      |                               |   |

3. 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 |
|---|---|--|-------------------------|
|   |   |  |                         |
|   |   |  |                         |
|   |   |  |                         |
|   |   |  |                         |

4. 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: 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.

4. Describe expansion(s), if applicable.

5. Describe repair(s), if applicable.

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

## Part VII: Supporting Documents

Check the applicable box below for each attachment being 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 on this application form.

|                          |                |   |
|--------------------------|----------------|---|
| <input type="checkbox"/> | Attachment AA: | a copy of the published notice of permit application, as described in the instructions, attached to a completed <a href="#">Certification of Notice Form</a> (DEEP-APP-005A)  |
| <input type="checkbox"/> | Attachment A:  | <a href="#">Executive Summary</a> (DEEP-WPED-APP-101)   |
| <input type="checkbox"/> | Attachment B:  | <a href="#">Applicant Background Information Form</a> (DEEP-APP-008); if applicable   |
| <input type="checkbox"/> | Attachment C:  | <a href="#">Applicant Compliance Information Form</a> (DEEP-APP-002); if applicable   |
| <input type="checkbox"/> | Attachment D:  | A USGS Quadrangle Map indicating the exact location of the facility or site and <a href="#">Latitude and Longitude Form</a> (DEEP-APP-003)  |
| <input type="checkbox"/> | Attachment E:  | <a href="#">Coastal Consistency Review Form</a> (DEEP-APP-004); if applicable   |
| <input type="checkbox"/> | Attachment F:  | A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do <i>not</i> submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences. |
| <input type="checkbox"/> | Attachment G:  | Conservation or Preservation Restriction Information; if applicable.  |
| <input type="checkbox"/> | Attachment Q:  | Submit an engineering report as specified in the <a href="#">instructions</a> (DEEP-WPED-INST-200). For Community Systems, see also Attachment U.   |
| <input type="checkbox"/> | Attachment U:  | For applications to discharge from a community sewerage system not owned by a municipality, submit a signed letter from the Water Pollution Control Authority or responsible authority of the municipality in which the system exists or will be located, as specified in the <a href="#">instructions</a> (DEEP-WPED-INST-200). See form letter attached.                |

## Part VIII: 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 VIII 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                  |
| Name of Applicant (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. 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.

**Attachment U: Community Sewerage Systems (Sample Letter)**

Water Permitting and Enforcement Division  
Bureau of Materials Management and Compliance Assurance  
Department of Energy and Environmental Protection  
79 Elm Street  
Hartford, CT 06106-5127

RE: \_\_\_\_\_: proposed community on-site wastewater renovation system

Dear Sir/Madam:

This letter will acknowledge that the town of \_\_\_\_\_ [Water Pollution Control Authority] is aware of the above referenced project and system. It is the intent of the town of \_\_\_\_\_ [Water Pollution Control Authority] to enter into an agreement with the [developer/homeowners association] requiring that the system be owned and managed as provided in section 7-246f of the Connecticut General Statutes.

/S/ \_\_\_\_\_

\_\_\_\_\_ [ Chairman, Water Pollution Control Authority]

Town of \_\_\_\_\_