



General Permit Registration Form for the Discharge of Food Processing Wastewater

Please complete this form in accordance with the general permit (DEP-WD-GP-006) in order 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.

DEP USE ONLY	
Application No.	_____
Permit No.	_____
Facility I.D.	_____

Part I: Registration Type

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> general permit registration <i>and</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> A <i>transfer of ownership</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> A <i>replacement</i> of an individual State or NPDES permit, or an authorization</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>1. Existing permit or authorization number:</p> <p>2. Facility ID number (fka DEP/WPC number):</p> <p>3. Expiration Date:</p>
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Part II: Fee Information

The registration fee of \$500.00 shall be submitted with a completed 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 Environmental Protection.

Part III: Registrant Information

1. Registrant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
Email:			
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			
If a Company, list company type (e.g., corporation, limited partnership, etc.):			
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as supplied above.			

Part III: Registrant Information (continued)

2. List facility or site owner.

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

3. List primary contact for departmental correspondence and inquiries (if other than applicant).

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

4. List attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Attorney:

5. List any other engineer(s) or consultant(s) employed or retained to assist in preparing the registration or in designing, constructing or operating the food processing wastewater activity.

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

Service Provided:

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

Part IV: Site Information

1. FACILITY NAME AND LOCATION

Name of facility, if applicable:

Street Address or Description of Location:

City/Town: State: Zip Code:

Part IV: Site Information (continued)

2. **COASTAL AREA:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps? Yes No

If yes, and this registration is for a new authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment A.

Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).

3. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? Yes No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form* (DEP-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 registrant. DEP strongly recommends that registrants complete this process before submitting the subject registration.**

When submitting this registration form, include copies of any correspondence to and from the NDDB, including copies of the completed *CT NDDB Review Request Form*, as "Attachment B."

For more information visit the DEP website at www.ct.gov/dep/angeredspecies (Review/Data Requests) or call the NDDB at 860-424-3011.

4. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?
 Yes No

If yes, is the site within an area identified on a Level A or Level B map? Yes No

To view the applicable list of towns and maps visit the DEP website at www.ct.gov/dep/aquiferprotection

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

Part V: Activity Information

1. Maximum Daily Flow of the Food Processing Wastewater discharge: gpd
Average Daily Flow: gpd
Number of hours per day the discharge occurs:
2. Provide the date the discharge began or will begin:
3. Provide a concise description of the product manufactured by the food processing facility, the process that produces the wastewater, and the anticipated wastewater characteristics. Include a description of any facilities or activities (e.g. laboratories) that may affect the quality of the discharge.

Part V: Activity Information

4. If any chemical substances listed in Appendix B of the subject general permit are in or expected to be in the wastewater discharge, list the name and expected maximum concentration of such chemicals.
 Check the box if maximum concentration(s) exceeds the concentration listed in Appendix B.

5. Name and location of POTW receiving the discharge:

6. A concise description of the treatment system installed to treat the discharge, including treatment for the removal of floating solids, oils and greases; and any other treatment equipment and process descriptions.

7. A brief description of the BMP's (to be) implemented by the permittee to minimize the adverse environmental effects of activities authorized under this general permit. Include in this description: operation and maintenance procedures, specifying cleaning requirements, the proposed method of disposal of concentrated solutions of food processing wastewater; and machinery maintenance operations.

Part VI: 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 the *Permit Application Transmittal Form*.

Attachment A: *Coastal Consistency Review Form* (DEP-APP-004), if applicable.

Attachment B: A copy of the *CT NDDB Review Request Form* (DEP-APP-007) and the NDDB response thereto, if applicable.

Attachment C: *Approval for Connection/Transport to a POTW Form* (DEP-WD-APPROVAL-001)

Part V: Registration 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 signatures asked for are provided. If the registrant 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. 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. I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I also certify under penalty of law that I have read and understand all the conditions of the General Permit for the Discharge of Food Processing Wastewater, that all requirements for authorization under this general permit are met for all discharges which are the subject of this registration, and all terms and conditions of this general permit are being met for all discharges which have been initiated and are the subject of this registration, including submittal of a copy of this registration to the receiving POTW. For existing discharges, this certification is based in part on my review of analyses from one effluent sample collected, preserved, handled and analyzed in accordance with 40 CFR Part 136, which sample was representative of the discharge during standard operating conditions, was taken in the previous three months and was of the type specified in Section 5(c) of said general permit. For discharges not yet initiated which are the subject of this registration, I certify 1) that the information identified in Section 4(c)(2) of this general permit has been submitted to the appropriate POTW authority and the POTW authority has provided written approval for this discharge, 2) that the wastewater discharge is expected to meet all the requirements of this general permit, and 3) that within three months after initiation of the wastewater discharge, an effluent sample will be collected, preserved, handled and analyzed in accordance with Section 5(c) of said general permit. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted.”</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.	

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 food processing wastewater to a POTW, a copy of this completed registration shall also be sent to the POTW which receives or will receive the subject discharge.