



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Water Protection & Land Reuse
Planning & Standards Division

Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters)

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
PROGRAM: Municipal NPDES Permits	

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-WP&S-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee, 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.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p>	<p>For renewals or modifications:</p> <p>1. Existing permit or authorization number:</p> <p>2. Expiration Date:</p>
<p>Town where site is located: _____</p> <p>Facility Name: _____</p>	

Part II: Fee Information

<p>1. The initial fee of \$1,300.00 [#1818] 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 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 <i>non-refundable</i> and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p> <p>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.</p> <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)
- 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 further information concerning facility modifications, please contact WPLR at 860-424-3704.

<p>1. Applicant Name:</p> <p>Mailing Address:</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext.: _____</p> <p>Contact Person: _____ Phone: _____ ext. _____</p> <p>*E-mail: _____</p> <p>*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.</p> <p>a) Applicant Type (check one):</p> <p><input type="checkbox"/> municipality <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> individual <input type="checkbox"/> tribal</p> <p><input type="checkbox"/> *business entity (*If a business entity complete i through iii):</p> <p>i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership</p> <p> <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____</p> <p>ii) provide Secretary of the State business ID #: _____ This information can be accessed at database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)</p> <p>iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.</p> <p>b) Applicant's interest in property at which the proposed activity is to be located:</p> <p><input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee</p> <p><input type="checkbox"/> easement holder <input type="checkbox"/> operator <input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.</p> <p>2. Billing contact, if different than the applicant.</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext.: _____</p> <p>Contact Person: _____ Phone: _____ ext. _____</p> <p>E-mail: _____</p>
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Part III: Applicant Information (continued)

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:

6. Property 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. 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).

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 as identified on the "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.

Part IV: Site Information (continued)

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.

7. **ENVIRONMENTAL JUSTICE COMMUNITY:** Is this an application for a new or expanded permit for a sewage treatment plant with a design flow greater than 50 MGD? Yes No

If yes is answered for the question above **and** the sewage treatment plant is located within an Environmental Justice Community, as defined in the Environmental Justice Public Participation Guidelines at: www.ct.gov/deep/environmentaljustice, you must prepare an Environmental Justice Public Participation Plan (DEEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan **prior** to submitting this application. Once you have received written approval for your Environmental Justice Public Participation Plan from the DEEP, submit this completed application with a copy of the Plan approval as Attachment J.

Part V: Discharge Information

1. For discharges to a surface water only:
 - a. The discharge enters the surface water (check one):
 - directly
 - through a municipal storm sewer
 - through other drainage systems (e.g., swale) Please specify:
 - b. Name of surface water body the discharge first enters:
 - c. Surface water classification of the above listed water body:
Present: _____ Future: _____
2. For discharges to ground water only:
 - a. Groundwater classification of the site:
Present: _____ Future: _____
 - b. Name of surface water body in watershed area:
 - c. Surface water classification of the above listed water body:
Present: _____ Future: _____
3. Average Daily Flow (gpd): _____ Maximum Daily Flow (gpd): _____
Design Flow (gpd): _____
Date discharge began or will begin: _____
4. Is the discharge continuous? Yes No
If yes, indicate:
 - Average number of hours per day of the discharge:
 - Maximum number of hours per day of the discharge:
5. For other than a continuous discharge (e.g., batch, intermittent, or seasonal discharges), indicate:
 - Average number of hours per event of the discharge:
 - Maximum number of hours per event of the discharge:
 - The duration and frequency of the discharge:

Part VI: 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: **4 9 5 2** Additional:

3. In the table below, identify wastes or wastewaters licensed by another permit or general permit (such as grit, screenings, sludge etc.)

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

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 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 " 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 H:	Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.)
<input type="checkbox"/>	Attachment I-1:	Site Plans
<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 M	Line Drawing and Process Flow Diagram
<input type="checkbox"/>	Attachment N:	Description and Plans and Specifications of Collection, Treatment and Disposal Systems (submit for new construction only). For renewals, refer to Attachment X.
<input type="checkbox"/>	Attachment P:	Sewage Sludge Information (DEEP-WPED-APP-108)
<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 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. 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)
<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.)	

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.