



STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER PROTECTION AND LAND REUSE  
REMEDIAION DIVISION  
(860) 424-3705      www.ct.gov/dep/remediation

## Optional Statement by a Licensed Environmental Professional Regarding the Contents of the Decision Document Application for Environmental Land Use Restriction

### Owner Information

|                           |                 |                |
|---------------------------|-----------------|----------------|
| Name of Property Owner:   |                 |                |
| Contact Person:           |                 |                |
| Address:                  | E-mail Address: |                |
| City/Town:                | State:          | Zip Code:    - |
| Business Phone:    -    - | Ext.:           | Fax:    -    - |

### Facility Information

|                               |           |                |                               |
|-------------------------------|-----------|----------------|-------------------------------|
| Name of Facility :            |           |                |                               |
| Address:                      |           |                |                               |
| City/Town:                    | State:    | Zip Code:    - |                               |
| Description in Property Deed: |           |                |                               |
| Recorded on Page              | of volume | of the Town of |                               |
| land records, as lot          | block     | on map         | in the Tax Assessor's Office. |

### LEP Statement

|  |        |                |
|--|--------|----------------|
| <b>Certification of LEP:</b>   |        |                |
| "I certify that the information presented in the decision document is accurate, complete, representative of site conditions and appropriate to protect human health and the environment. This certification is made on behalf of the property owner. |        |                |
| I attest under the pains and penalties of perjury that this Application for ELUR is as prescribed by the Commissioner and has not been altered, except where allowed by the form provided by CTDEP."   |        |                |
| The 'Rules of Professional Conduct' (Regulations of Connecticut State Agencies section 22a-133v-6) apply to all professional services provided by a LEP.   |        |                |
| _____  | LIC #  | / /<br>Date    |
| Signature of LEP   |        |                |
| Print LEP Name:  |        |                |
| Firm Name:   |        |                |
| Address:   |        |                |
| E-mail Address:  |        |                |
| City/Town:   | State: | Zip Code:    - |
| Business Phone:    -    -  | Ext.:  | Fax:    -    - |