



Bureau of Water Protection and Land Reuse Remediation Division

Date Stamp (DEP Use Only)

Part 2: Application for Engineered Control Variance

In accordance with section 22a-133k-2(f)(2) RSRs

Please complete this application to apply for a variance to use an engineered control of polluted soils as required pursuant to the Remediation Standards Regulations, section 22a-133k-2(f)(2) (RSRs) of the Regulations of Connecticut State Agencies. *Attach all information indicated by the applicable sections of this form.*

All sections of this form must be filled out, as applicable.

Remediation ID No. (Rem#):

Site Identification

Site Name:			
Site Address:			
City/Town:	State:	Zip Code:	
Printed name of Environmental Professional:			
Printed Name of Certifying Party or Property Owner (as appropriate):			
Name of DEP Case Manager:		Date of Application Part 1 Submission:	

Design of Engineered Control

		Found on Page(s)
<input type="checkbox"/>	Detailed design plans (with PE stamp, if warranted by engineering design)	

Schedule for Implementation

		Found on Page(s)
<input type="checkbox"/>	Time schedule or estimated date for full implementation of Engineered Control	

Monitoring Effectiveness of the Remedial Approach Over Time

		Found on Page(s)
<input type="checkbox"/>	Plan & schedule for inspection	
<input type="checkbox"/>	Plan & schedule for maintenance	
<input type="checkbox"/>	Ground-water monitoring plan (if required)	
<input type="checkbox"/>	Plan & schedule for reporting	
<input type="checkbox"/>	Conceptual environmental land use restriction	

Plan & Schedule for Financial Assurance

		Found on Page(s)
<input type="checkbox"/>	Justification for amount of financial assurance	
<input type="checkbox"/>	Consistency with plan for inspections and maintenance	-----
<input type="checkbox"/>	Consistency with the guidance included in Appendix D	-----

Note: the listed items are not all inclusive of the discussion/documentation required in the various submissions required in an Engineered Control Application.

Applicant Certification

<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 those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes and any other applicable law”.</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Representing:	
Mailing Address:	
City/Town:	State: Zip Code:
Phone:	Email:

Environmental Professional Certification (Optional)

"I certify that the proposed Engineered Control and associated plans for inspection, maintenance, monitoring, reporting and financial assurance are protective of human health and the environment in accordance with section 22a-133k-2(f)(2) of the RCSA."	
Printed Name of Environmental Professional	License Number (if LEP or PE)
Signature of Environmental Professional	Date
Title:	
Company:	
Address:	
City/Town:	State: Zip Code:
Phone:	

Please submit this completed form and supporting documents to:

REMEDATION DIVISION, 2ND FLOOR,
BUREAU OF WATER PROTECTION AND LAND REUSE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127