

Appendix A1

Low Flow Water Treatment Wastewater Disposal System -- Installation Report Form

Wastewaters from most residential and small commercial water treatment systems cannot be discharged to a subsurface sewage disposal system. For guidance on the proper method of disposal for such wastewaters, please refer to the DEEP General Permit described below:

"Low Flow Water Treatment Wastewater (DEEP-WPED-GP-016): This general permit applies to backwash discharges from residential or small commercial water treatment devices for well water located at the "point of entry" of the building and has a maximum daily discharge of 500 gallons per day. The discharge can be directed to either the sanitary sewer or the ground by way of a "water treatment wastewater disposal system". Compliance with the conditions of the permit is the main requirement for authorization. There is no registration or fee required to be authorized by this general permit."

On-site Water Treatment Wastewater Disposal System Minimum Requirements:

- The dispersal system must have a storage volume of 1.5 times the water treatment system maximum daily discharge.
- Dispersal system structure must be installed 24" minimum above any underlying bedrock surface.
- Dispersal system structure must be installed 12" minimum above the seasonal high groundwater level (HGWL) on the site. If the source water requires treatment for pathogen removal, the dispersal system must be 24" minimum above the HGWL.
- The disposal and dispersal system cannot interfere with the operation of a subsurface sewage disposal system. Discuss location restrictions with your local health department.
- Minimum Horizontal Separating Distances (see full General Permit for other requirements):
 - Public or private wells: <10 gal. per minute withdrawal rate - 75 feet
 - Public or private wells: 10 to 50 gal. per minute withdrawal rate - 150 feet
 - Public or private wells: >50 gal. per minute withdrawal rate - 200 feet
 - Watercourse - 50 feet
 - Public Water Supply Reservoir - 100 feet
 - Property Line - 15 feet
 - Subsurface Sewage Disposal System - 10 feet

Record Keeping and Reporting Requirements:

(You must complete all information on pages 1 and 2)

Within 30 days following the installation of a water treatment wastewater disposal system, the permittee (property owner/ water supply owner) must submit an **installation report** to the local health department. This form is provided to assist you in preparing a proper report and record drawing that complies with the Connecticut Department of Energy and Environmental Protection (DEEP) General Permit. Incomplete report forms will not comply with the General permit requirements.

1. Name of water treatment wastewater disposal system installer: _____
2. System location: (street address) _____, (town) _____
3. Date of system installation: _____
4. Description of water treatment system generating the wastewater:
 - a. Type of system: _____
 - b. Maximum daily discharge volume: _____ (gallons per day)
 - c. Chemicals utilized: _____
 - d. Any anti-freeze provisions included in the installation: _____
5. Attach copies of any authorizations granted by a Municipal Water Pollution Control Authority for discharge to a publically owned treatment works.

Note: Written notification shall be made to the local health department if there are any changes to the treatment technology or treatment chemicals used for the treatment system.

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As-built drawing: Description and location of each water treatment wastewater disposal system.

- Provide a written description of the dispersal structure(s) installed - including dimensions and storage volume:

- Vertical distance from original grade to underlying ledge/bedrock surface? _____ inches
- Vertical distance from original grade to seasonal high groundwater level? _____ inches
- Vertical distance from original grade to bottom of water treatment wastewater dispersal system? _____ inches
- In the space below, draw a plan view sketch showing the installed system and its location on the property. Show separating distances to water supply wells, water supply reservoirs, subsurface sewage disposal system(s), watercourses, property lines, and buildings on the sketch.
- Show horizontal distances from at least 2 fixed objects (survey monuments, building foundation, etc.) to each system component.

Installer Certification: The installer must certify by his/her signature that the water treatment wastewater disposal system conforms to the conditions of Section 4(a) of this General Permit. See Section 4 (a) text on page 3 and full general permit at:

[http://www.ct.gov/deep/lib/deep/Permits and Licenses/Water Discharge General Permits/lowflow gp.pdf](http://www.ct.gov/deep/lib/deep/Permits%20and%20Licenses/Water%20Discharge%20General%20Permits/lowflow_gp.pdf)

Installer's printed name: _____

Installer's Signature: _____ Date: _____

Appendix A3

General Permit for the Discharge of Low Flow Water Treatment Wastewater Section 4. Conditions of this General Permit

The permittee shall at all times continue to meet the requirements for authorization set forth in Section 3 of this general permit. In addition, a permittee shall assure that activities authorized by this general permit are conducted in accordance with the following conditions:

(a) Operating Conditions

(1) LFWTW shall not be discharged to any open floor drain, floor trench, sump or drainage system which is designed to receive chemical spillage or other wastewaters not authorized by this general permit.

(2) No discharge of LFWTW to any watercourse is authorized by this general permit.

(3) Activated carbon backwash and regeneration wastewaters for filters which treat for volatile organic compounds shall only discharge to a POTW.

(4) No discharge of wastewater shall contain arsenic or other substances in concentrations greater than any MCL (excluding chlorides). Such prohibition shall not apply to naturally occurring substances originating in the source water, excluding arsenic.

(5) Discharges of LFWTW to a site shall be by means of a water treatment wastewater disposal system which meets the following requirements:

(A) The water treatment wastewater dispersal structure shall have a storage volume that is at least one and a half (1.5) times the volume of the maximum daily discharge of LFWTW;

(B) There shall be a minimum of twenty-four (24) inches between the bottom of the water treatment wastewater dispersal structure and any underlying bedrock surface, and a minimum of twelve (12) inches between the bottom of the water treatment wastewater dispersal structure and the seasonal high groundwater level at the site, unless the source water requires treatment for pathogen removal, in which case such separation distance shall be a minimum of twenty-four (24) inches;

(C) The discharge of LFWTW to a site shall not create or maintain a condition which will interfere with the operation and effectiveness of a subsurface sewage disposal system, permitted in accordance with section 19a-36 or 22a-430 of the General Statutes and the regulations adopted thereunder. Permittees should consult the local Director of Health if soil or groundwater conditions provide uncertainty about placement of the water treatment wastewater dispersal structure;

(D) Minimum horizontal separating distances between the water treatment wastewater dispersal structure and other items shall be as prescribed in Table 4.1 below.

**Table 4.1 – Minimum Horizontal
Separating Distances(1) Item**

Public or private water supply well with required withdrawal rate of:

< 10 gal. per minute	75
10 to 50 gal. per minute	150
> 50 gal. per minute	200
Watercourse	50
Public Water Supply Reservoir	100
Property Line	15
Subsurface Sewage Disposal System	10(2)

(1)The local Director of Health may allow a separating distance reduction to a private water supply well, watercourse, or property line in the event site limitations or lot size prevents compliance with Table 4.1. Such separating distance reductions shall only be granted on existing developed properties and not for new construction. The separating distance to a private water supply well shall not be reduced to less than 25 feet and shall be consistent with any Connecticut Department of Public Health requirements.

(2)Greater separation distances may be required in accordance with the Technical Standards for Subsurface Sewage Disposal Systems pursuant to section 19-13-B103 of the Regulations of Connecticut State Agencies.

(6) For discharges to a POTW:

The discharge shall conform to any relevant municipal sewer use ordinance.

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CONNECTICUT DEPARTMENT OF LABOR APPLICATION FOR APPRENTICESHIP RATIO RELIEF

Ratio Relief applicants must advertise open journey person position(s) for 30 days on CThires.com prior to subcommittee review of application beginning January 1, 2018

Ratio Relief is intended to help when qualified Journey workers cannot be found

GENERAL INFORMATION

1. Name of Firm/Sponsor _____ Date of Application _____
dba Name, if any _____
Mailing Address _____ Zip Code _____
Physical Location _____ Zip Code _____
City _____ County/State _____
Trade _____ License Category _____
Email _____ Phone # _____ Fax # _____
2. Type of Firm (Check only one) ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ LLC
3. How many years has the Firm been in business? _____ Under the same name? _____ Program Approval Date _____
4. Number of previous requests for ratio relief within the past five years _____
5. Please answer the following questions & attach the proper documentation:
☐ yes ☐ no A. Is the Firm actively seeking Journey workers? ☐ yes ☐ no B. Is the Firm actively seeking Apprentices?
☐ yes ☐ no C. Registered and posted job listing with CT Hires? www.cthires.com Job # _____
Please attach a copy of the CT Hires job listing. ***THIS IS A REQUIREMENT***
☐ yes ☐ no D. Advertising for licensed position(s)? Please attach all copies.
6. Within the past five years has the firm, any affiliate, (including any contractor of record), any predecessor company or entity, owner of 5.0% or more of the firm's shares, director, officer, partner, or proprietor been subject of: (check any that apply and explain under sponsor remarks. It is imperative that a full explanation of the circumstances relating to a "yes" statement be submitted to ensure an objective evaluation by the Department. Attach additional pages if necessary).
☐ yes ☐ no A. A judgment or conviction of any business related conduct constituting a crime under state or federal law?
☐ yes ☐ no B. A currently pending indictment for any business-related conduct constituting a crime under state or federal law?
☐ yes ☐ no C. A grant of immunity for any business-related conduct constituting a crime under state or federal law or regulation?
☐ yes ☐ no D. Any final determination of a violation of any federal labor law or regulation?
☐ yes ☐ no E. Any OSHA violation that was categorized as willful, repeat, failure to abate, or was based on retaliating against an employee for filing a safety or health complaint.
☐ yes ☐ no F. Any final determination of a violation of any state labor law or regulation?
Public work violation? ☐ yes ☐ no Was this violation willful? ☐ yes ☐ no
☐ yes ☐ no G. A consent order with the Connecticut Department of Environmental Protection, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?
☐ yes ☐ no H. A debarment from federal contracts for violation of the Davis-Bacon Act, 49 Stat. 101(1931), 40 USC 278a-2?
☐ yes ☐ no I. A debarment from state contracts for violation of Connecticut's prevailing wage law pursuant to Conn. Gen. Stat. Section 31-53a?
☐ yes ☐ no J. A debarment or suspension for violation of any other state prevailing wage law?
☐ yes ☐ no K. Rejection of any bid or proposed subcontract or general contract for lack of responsibility pursuant to state law?
☐ yes ☐ no L. Any final determination of a violation of any state occupational licensing statute or regulation?
☐ yes ☐ no M. A consent order entered into with the Connecticut Department of Consumer Protection or any other state or federal government agency?
☐ yes ☐ no N. Any pending enforcement proceeding by a federal, state or municipal agency regarding an alleged violation of the law?
☐ yes ☐ no O. Are all current apprentices attending related instruction (if required)?

Appendix B2

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SPONSOR _____ TRADE _____

CURRENT NUMBER OF JOURNEYPEOPLE EMPLOYED _____

CURRENT NUMBER OF PRE-APPRENTICES REGISTERED _____

CURRENT NUMBER OF APPRENTICES REGISTERED _____

CURRENT NUMBER OF APPRENTICES (STATUS)

YEAR 1 _____ YEAR 2 _____ YEAR 3 _____ YEAR 4 _____ YEAR 5 _____ YEAR 6 _____

NUMBER OF APPRENTICES RATIO RELIEF IS REQUESTED FOR? _____ TRADE _____

Is this request for a CT Technical High School graduate? ☐ yes ☐ no School Attended? _____

Is this request for a pre-apprentice student? ☐ yes ☐ no

Is this request for a U.S. Military Veteran? ☐ yes ☐ no

CUMULATIVE APPRENTICESHIP RECORD (based on previous five years)

Registered _____ *Completed _____

* Completed is defined as those individuals who have been awarded a certificate of completion per the Regulations of Connecticut State Agencies, Sec. 31-51d-2(h).

PRE-APPRENTICE STARTING (WAGE) RATE \$ _____

APPRENTICE STARTING (WAGE) RATE \$ _____ or _____ %

JOURNEYPEOPLE COMPLETION (WAGE) RATE \$ _____

TOTAL NUMBER OF JOURNEYPEOPLE TERMINATED IN THE PAST FIVE YEARS? _____

TOTAL NUMBER OF JOURNEYPEOPLE WHO VOLUNTARILY QUIT IN THE PAST FIVE YEARS? _____

TOTAL NUMBER OF APPRENTICES TERMINATED IN THE PAST FIVE YEARS? _____ PRE-APPRENTICES _____

TOTAL NUMBER OF APPRENTICES WHO VOLUNTARILY QUIT IN THE PAST FIVE YEARS? _____ PRE-APPRENTICES _____

TERMINATION DATA (based on previous five years)

TERMINATION CODES

NUMBER OF APPRENTICES TERMINATED

- | | |
|---|-------|
| 1. Discharged/Released | _____ |
| 2. Left to accept related employment | _____ |
| 3. Left to accept other employment | _____ |
| 4. Unsatisfactory Performance | _____ |
| 5. Lack of work | _____ |
| 6. Entered military service | _____ |
| 7. Illness/death | _____ |
| 8. Voluntarily quit | _____ |
| 9. Probationary period – discharge/voluntary quit | _____ |

Total _____

SPONSOR REMARKS (Reason(s) for request, attach additional sheet if necessary):

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CERTIFICATION: The undersigned acknowledges that this questionnaire is submitted for the express purpose of inducing the Connecticut Labor Department to authorize the hiring of apprentices in a certain ratio to journeypersons under its state apprenticeship program pursuant to Section 31-51d-5(l) of the Regulations of Connecticut State Agencies. Applicant acknowledges that the Department may, in its discretion, determine the truth and accuracy of all statements made herein. Applicant further acknowledges that intentional submission of false or misleading information in this application may constitute reasonable cause for institution of a formal de-registration proceeding against applicant's apprenticeship program pursuant to Section 31-51d-7 of the Regulations of Connecticut State Agencies. Applicant states and certifies under penalty of law (Conn. Gen. Stat. Section 53a-175 Class A Misdemeanor) that the information submitted in this questionnaire and any attached pages is true, to the best of his or her knowledge.

Signature of Officer

Date

Signature of Contractor of Record

Printed or Typed Name of Officer

Title

Printed or Typed Name of Contractor of Record

Please return to:

Connecticut Department of Labor
Office of Apprenticeship Training
200 Folly Brook Boulevard
Wethersfield, CT 06109

For Office Use Only

Date Received at OAT: _____ Reviewed & Verified by: _____

Date Received CO: _____ Initials: _____

CT DOL OAT Recommendation

☐ Approved ☐ Denied ☐ Partial Approval for: _____

If Denied, explain _____

Signature: _____ Program Manager

☐ Approved ☐ Partial Approval for: _____ ☐ Denied

Signature: _____ Commissioner

The Connecticut Department of Labor