**Request for Extension of Class B PFAS Firefighting Foam Use**

Use this form to request an extension of the deadline to cease use of Class B PFAS Firefighting Foam for marine terminals and other potentially impacted industries under [Public Act 21-191](https://www.cga.ct.gov/2021/act/Pa/pdf/2021PA-00191-R00SB-00837-PA.PDF). Class B PFAS-Containing Firefighting Foam may be labeled [AFFF, AR-AFFF, FFFP, AR-FFFP, FP, or FPAR](https://pfas-1.itrcweb.org/3-firefighting-foams/), (“Fluorinated Foam”). Email the completed form to [DEEP.MarineTerminals@ct.gov](mailto:DEEP.MarineTerminals@ct.gov).

Site Name: Location of Fluorinated Foam

Address: Location of Fluorinated Foam

Town: Town CT Zip Zip

Contact Person: Contact Name

Title: Contact Person Title

Email: Contact Person email address

Phone: Contact Person Phone

**Type of Facility:**

Chemical plant  Oil refinery  Other: Type of faciity

Flammable Liquid Facility:  Marine Terminal  Storage Facility  Distribution Facility

Type of Fluorinated Foam stored at the site: Type of foam

Volume stored on site: In gallons

Location of the Fluorinated Foam onsite: Click or tap here to enter text.

Site map showing the location of the Fluorinated Foam is attached (required)

Request extension to: No later than 10/1/2023

Why is this extension necessary (e.g. remove or repurpose Fluorinated Foam system)?

|  |
| --- |
| Click or tap here to enter text. |

What measures will be taken to prevent releases of Fluorinated Foam to the environment (i.e. containment, treatment, decontamination, and disposal)?

|  |
| --- |
| Click or tap here to enter text. |

**Signature of Person Requesting Approval:**

“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.”

|  |  |  |
| --- | --- | --- |
|  |  | Type date or click to enter a date.  Date |
| Signature |  |

Printed Name of Signatory Title (if applicable)

**Section Below Reserved for DEEP Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| The Request received by DEEP on   /  /     is hereby approved. | | | |
| Tracy Babbidge  Acting Deputy Commissioner  Bureau of Materials Management and Compliance Assurance |  | Date Approved |  |

**Section Below Reserved for DEEP Disapproval**

|  |
| --- |
| The Request received by DEEP on   /  /     is hereby disapproved.  Rationale:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tracy Babbidge Date Disapproved  Acting Deputy Commissioner  Bureau of Materials Management and Compliance Assurance  You may re-submit the request if and when the reason(s) for disapproval have been adequately addressed. |