



**Connecticut Department of
Energy & Environmental Protection**

Pre-Application Questionnaire

In order to ensure we have an effective pre-application meeting, **please review every question and respond where applicable.** Your answers will help us identify which program staff should attend the meeting.

Send completed form to the Office of Planning and Program Development (OPPD): by email to: DEEP.OPPD@ct.gov. For questions, contact the OPPD at DEEP.OPPD@ct.gov.

Please note: All records, paper or electronic, submitted to the Department of Energy and Environmental Protection are subject to disclosure under the Freedom of Information Act (FOIA) unless the records or portions thereof are exempt from disclosure pursuant to section 1-210 of the Connecticut General Statutes. Individuals or entities submitting records with this questionnaire must evaluate those records for any sensitive information prior to their submission and alert the Department if a redacted version has been submitted. The Department is obligated to comply fully with all requirements for the disclosure of records under FOIA.

Part I: Contact Information

1. Proposed Applicant Name: Applicant Contact Person: Phone: _____ Email: _____
2. Pre-Application Meeting Contact Person (if not the Applicant Contact): Phone: _____ Email: _____ Affiliation: _____

Part II: Project Information

1. Project Address (if known): City/Town: _____
2. Project Type: (check every category which applies) <input type="checkbox"/> Existing Business requiring a new license or modification of an existing license <input type="checkbox"/> New Business <input type="checkbox"/> Residential <input type="checkbox"/> Mixed Use <input type="checkbox"/> New Construction <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> Other (please specify): _____
3. Project Description:

Part II: Project Information (continued)

4. Description of the site as it currently exists and what changes would occur as a result of the project.

Part III: Project Activities

Check each activity that may be applicable to your project (check all that apply):

- Environmental remediation or decontamination prior to future use of the site
- Site located in a [coastal area](#)
- Site located in an [aquifer protection area](#)
- Site located in a [CT DEEP Natural Diversity Database state listed species habitat](#)
- Site located in an [Environmental Justice Community](#)
- Property subject to the [Property Transfer Act](#)
- Disturbance of land area
 - If so, extent of area disturbed (in acres):
- Construction of a pond or surface water impoundment, including those used for sedimentation, stormwater retention/detention
 - If so, will it be (check one): temporary or permanent
- Constructing, altering, rebuilding, or substantially repairing any dam, dike or similar structure
- Alteration (e.g., excavating/dredging) of any tidal or inland wetlands, watercourses, flood plains or floodways
 - If so, what is the extent of the area to be altered (in acres)?
 - If so, will there be fill, dredging and/or excavation?
- Installing a structure within a tidal or inland wetland or watercourse?
- Individual piece of equipment or a process which has the **potential to emit** 15 tons or more per year of any individual air pollutant or meet any other applicability requirement of [RCSA Section 22a-174-3a\(a\)](#)
 - If so, provide the total proposed annual emissions for the project (tpy):

PM ₁₀ /PM _{2.5} :	VOC:
SO _x :	CO:
NO _x :	HAPs:
- Management of wastes either generated on-site or off-site
 - If so, what types of wastes will be managed? (Check all that apply)

<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> Hazardous Wastes (RCRA)
<input type="checkbox"/> Recyclable Wastes	<input type="checkbox"/> Connecticut Regulated/Special Wastes
<input type="checkbox"/> Biomedical Wastes	<input type="checkbox"/> Radioactive Wastes
<input type="checkbox"/> Other; specify _____	
- Storage of any liquids or gaseous fuels or chemicals at the site
 - If so, please describe proposed storage (e.g., above ground, underground, tank size, vapor pressure, etc.):
- Use or storage of pesticides
- Manufacturing, possession, use, or disposal of any radioactive materials (e.g., x-ray and materials testing equipment, etc.)

Part III: Project Activities (continued)

- Discharges of wastewater (other than domestic sewage) including but not limited to: contact and non-contact cooling water; blowdown from heating and cooling equipment; process wastewaters; rinsewaters; floor drainage; or other wastewaters

If so, please identify below, listing projected daily volume and proposed discharge location (i.e., surface water, sanitary sewer, groundwater).

Wastewater Type	Volume (gal/day)	Discharge Location

- Utilization of a sanitary sewage disposal system

If so, indicate method and volume (gallons per day):

Method	Volume (gpd)
<input type="checkbox"/> Subsurface sewage treatment and disposal system	
<input type="checkbox"/> Publicly owned treatment works	
<input type="checkbox"/> Privately owned treatment works	
<input type="checkbox"/> Other (please specify):	

- Withdrawal of groundwater from one or more wells joined in one system whose combined maximum withdrawal exceeds 50,000 gallons of water during any twenty-four hour period

If so, provide: the location of well(s) (lat/long):

quantity of water diverted (million gallons per day):

- Withdrawal of surface waters in excess of 50,000 gallons during any twenty-four hour period

If so, provide: name of withdrawal source:

location of withdrawal source (lat/long):

quantity of water diverted (million gallons per day):

- Transfer of more than 50,000 gallons of water in any twenty-four hour period from one water supply distribution system or service area to another such distribution system or service area, or installation of capacity to transfer such water

If so, provide: name of distribution system(s)/service area(s):

quantity of water transferred (million gallons per day):

- Utilization of any public funds

If so, check type: Federal State

If there is a state agency other than DEEP involved in the project and/or managing federal funds related to this project, please list the agency, and a project contact at that agency.

Note: If applicable, you may attach a site plan along with this completed questionnaire or bring a site plan to the pre-application meeting. Please refer to the [Pre-Application Guidance](#) to better prepare for the pre-application meeting.