



Request for Authorization under the General Permit for Diversion of Water for Consumptive Use: Filing Categories

Notice to Requesters: Please complete this form in accordance with the [instructions](#) (DEEP-WPMD-INST-003) to ensure the proper handling of your request for authorization. Print or type unless otherwise noted. You must submit the applicable fee with this form. NOTE: For any "Reauthorization" activity, use the form entitled *Request for Reauthorization under the General Permit for Diversion of Water for Consumptive Use (DEEP-WPMD-REQ-001)*.

Notice to Municipal Agencies: This is a request for authorization submitted to the Department of Environmental Protection (DEP) pursuant to CGS section(s) 22a-6 and 22a-378a (Diversion of Water) and provided to you by the requestor as notice of their filing pursuant to CGS section 22a-378a(d).

For any questions, call DEEP's Water Planning and Management Division at 860-424-3704.

CPPU USE ONLY	
App #:	
Doc #:	
Check #:	
Program: Water Diversion-Consumptive-GP	

Part I: Eligible Diversion Activity and Fee Information

Check the appropriate box to indicate the proposed activity for which authorization is required. Refer to Section 3a of the *General Permit for Diversion of Water for Consumptive Use – "Filing Categories"* (DEEP-WPMD-GP-003) for a description of these activities. There may be multiple proposed activities occurring at one site. A separate request form is required for each eligibility category below and for eligible activities proposed at other sites. **The fee for municipalities is 50% of the listed rates.** The request will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or through the E-Payment portal.

☐ Check here if paying online through the E-Payment portal; *after the registration is received and entered, pay instructions will be emailed to the Primary/Billing Contact listed.*

Eligible Diversion Activity*	Fee [1038]
<input type="checkbox"/> Backup Well	\$1500.00
<input type="checkbox"/> Small Supplemental Bedrock Well	\$1500.00
<input type="checkbox"/> Small Water Supply System	\$1500.00
<input type="checkbox"/> Large Tidally-influenced River	\$1500.00

* as described in Section 3a of the *General Permit for Diversion of Water for Consumptive Use: Filing Categories*

Part II: Requester Information

- If a requester is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, requester's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov))
- If a requester is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Innovative Partnerships and Planning at DEEP.OPPD@ct.gov . For any other changes, contact the specific program from which you hold a current DEEP license.

1. Requester Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

a) Registrant Type (check one):

☐ individual ☐ federal agency ☐ state agency ☐ municipality ☐ tribal

☐ *business entity (*If a business entity complete i through iii):

i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership
☐ limited liability partnership ☐ statutory trust ☐ Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).

iii) ☐ Check here if your business is **NOT** registered with the Secretary of State's office.

☐ Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

b) Registrant's interest in property at which the proposed activity is to be located:

☐ site owner ☐ option holder ☐ lessee ☐ easement holder ☐ operator

☐ other (specify): _____

Part II: Requester Information (continued)

2. Billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

3. Primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

Part II: Requester Information (continued)

5. Facility Operator, if different than the requester:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Facility Owner, if different than the requester:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the request or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part III: Pre-Application Meeting

If a pre-application meeting was held concerning the subject activity, provide the following:

DEEP Staff Name: _____

Pre-Application Meeting Date: _____

☐ Multiple permits

☐ Single permit

Part IV: Site Information

1. SITE NAME AND LOCATION

a. Name of Site:

Street Address or Location Description:

City/Town:

State:

Zip Code:

b. Submit a Location Map as Attachment A. Refer to Section 4(c)(2)(A)(xii) of the *General Permit for Diversion of Water For Consumptive Use - "Filing Categories"* (DEEP-WPMD-GP-003) for location map requirements.

c. Latitude and Longitude of the location of the point of withdrawal in degrees, minutes, and seconds as derived from a global positioning system (GPS) or in decimal degrees:

Latitude:

Longitude:

d. The site is located in basin number(s):

(Refer to the Connecticut Geological and Natural History Survey's map entitled "Natural Drainage Basins in Connecticut, 1981", as amended for basin delineation and nomenclature)

2. WETLANDS AND WATERCOURSES

Name of any wetlands or watercourses located in the vicinity of the subject activity:

3. PUBLIC WATER SUPPLY WATERSHED

Is the subject activity located in a public water supply watershed? ☐ Yes ☐ No

If yes, provide the name of the water utility:

4. **COASTAL BOUNDARY:** Will the activity which is the subject of this registration be located within the coastal boundary as delineated on DEEP approved coastal boundary maps? ☐ Yes ☐ No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed application as Attachment C.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp

(Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at the [DEEP Store](#) (860-424-3555 or deep.store@ct.gov)

Part IV: Site Information

- 5. NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "[Natural Diversity Data Base Areas Maps](#)", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species? [(Impacted areas include, but are not limited to the following: limits of the dam, impoundment area, downstream flow areas, access roads, mobilization areas, and any other areas within the vicinity of the proposed work.)]

☐ Yes ☐ No Date of Map:

If yes, complete and submit a Natural Diversity Data Base Review Request using the DEEP's ezFile portal (filings.deep.ct.gov/DEEPPortal/). To get started, create a user account and start a new NDDDB filing. Additional information about this new filing process can be found on the NDDDB [website](#). **All requests for review must go through the new NDDDB portal. Email deep.nddbrequest@ct.gov if you need help.**

Please note if NDDDB biologist review is required, it may take 6 to 8 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application.

A copy of the NDDDB Determination response letter that has not expired *must* be submitted with this completed application as Attachment D. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences.

- 6. AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

☐ Yes ☐ No If **yes**, check one: ☐ Level A **or** ☐ Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site? ☐ Yes ☐ No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at DEEP.AquiferProtection@ct.gov.

- 7. CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this registration be located within a conservation or preservation restriction area? ☐ Yes ☐ No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment F.

Part IV: Site Information

8. FLOODPLAIN MANAGEMENT

- a. Does the subject activity involve permanent or temporary placement of fill or an above-ground structure in a floodplain? ☐ Yes ☐ No

If yes, and the requester is *not an agency of the State of Connecticut*, submit, as *Attachment G*, the certification by a licensed engineer, together with the hydraulic analysis in support thereof, that such fill or above-ground structure is designed in accordance with accepted engineering practices and conforms to the applicable flood management standards and criteria under 44CFR Chapter 1, Part 59 through 79, inclusive, and the standards for flood-proofing of structures established in RCSA section 25-68h-2.

- b. If the requester has a Flood Management Certification for the subject activity, provide the certification number.

9. EXISTING CONDITIONS- ☐ Check here if additional sheets are attached to this page.

- a. Describe the present use(s) of the property on which the subject activity is proposed.
- b. Describe all natural and man-made features including wetlands, watercourses, fish and wildlife habitat, floodplains and any existing structures potentially affected by the subject activity. Such features should be depicted on the site plan (*Attachment B*).

Part V: Project Summary

1. Regulated Activity

Describe the diversion, which is the subject of this request including the name, location, purpose, and general method of operation; and means for withdrawing, storing, distributing, and discharging water associated with the proposed diversion. ☐ Check here if additional sheets are attached to this page.

Part V: Project Summary (continued)

2. Rate, Quantity and Frequency of Diversion (*attach additional sheets if more than one diversion*)

- a. Name of diversion:
- b. Maximum daily withdrawal: gallons
(largest volume of water withdrawn in any 24-hour period)
- c. Maximum rate of withdrawal: cubic feet per second or gallons per minute
- d. Maximum Month-Average daily withdrawal or transfer: gallons
(total volume diverted + no. of days the diversion is operated during the peak use calendar month).
- e. Frequency of withdrawals: hours/days days/week days/year
- f. If diversion is operated seasonally, provide dates diversion will be used during a typical year.
Starting: Ending:

☐ Check here if additional sheets are attached to this page.

3. Water Use

- a. Percent of diverted water that will be consumed or lost: %
- b. Percent of diverted water that will be discharged after use: %
 - i. Percent discharged to sewage treatment plant: % Name of treatment plant:
 - ii. Percent discharged to a watercourse: % Name of watercourse:
 - iii. Percent discharged to groundwater: %
- c. Depict the location of the sewage treatment plant or discharge to the watercourse on the location map (*Attachment A*) or site plan (*Attachment B*).

4. Other Consumptive Uses

Provide the following information on each consumptive use located within 1500 feet of the subject diversion:

Consumptive Use/Type	Owner	Withdrawal (gallons/day)	Water Use
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Any consumptive use listed above must be depicted on the location map and/or site plan included in this request as *Attachment A* or *B*, respectively.

Part V: Project Summary (continued)

5. Backup Well

If the subject diversion is from a backup well as described in Section 3(a)(1) of the *General Permit for Diversion of Water for Consumptive Use: Filing Categories* (DEEP-WPMD-GP-003), provide the following information:

- a. Name of primary production well:
- b. Diversion registration or permit number of primary production well:
- c. Name of backup well:
- d. Straight-line, horizontal distance between the primary production well and the backup well: feet.

6. Small Supplemental Bedrock Well

If the subject diversion is a withdrawal of water as described in Section 3(a)(2) of the *General Permit for Diversion of Water for Consumptive Use: "Filing Categories"* (DEEP-WPMD-GP-003), provide the following information:

- a. Diversion registration or permit number(s) of the existing source(s):
- b. A well completion report, including well depth, a description of the earth materials penetrated (i.e. peat, silt, sand, gravel, clay) and yield test results, as *Attachment H*.

7. Small Water Supply System

If the subject diversion is a withdrawal of water as described in Section 3(a)(3) of the *General Permit for Diversion of Water for Consumptive Use: "Filing Categories"* (DEEP-WPMD-GP-003), provide the following information:

Size of the contributing upstream watershed of the nearest intermittent or perennial stream or river indicated on a current United States Geologic Survey 7.5 minute series topographic quadrangle, and located in the same basin as the subject well(s): acres

8. Water Companies

If the requester is a water company, provide the date such water company's water conservation and water supply emergency contingency plans were approved by the Department of Public Health:

Date of approval:

9. Fill in Wetlands / Watercourses:

Does the subject activity involve placement of fill material in a wetland or watercourse?

☐ Yes ☐ No

(all such activities must be depicted on the site plan included as *Attachment B*)

If yes, complete items a through g.

Part V: Project Summary (continued)

9. Fill in Wetlands / Watercourses (continued):

- a. Volume of proposed fill: cubic yards
- b. Physical / chemical fill characteristics:

- c. Area of proposed fill: acres
- d. Volume of proposed excavation: cubic yards
- e. Area of proposed excavation: acres
- f. Area of any clearing, grubbing of land, or other alteration of the land: acres
- g. Describe the volume and area of any *temporary* fill, the purpose of such fill, and when it will be removed.

10. Pollution Prevention and Best Management Practices

Describe any pollution prevention and best management practices that will be implemented during the design, construction and operation of the proposed activity to: conform with DEEP's *Best Management for Golf Course Water Use*, minimize soil erosion and control sedimentation; maintain an uninterrupted stream flow; prevent flooding; avoid adverse impacts to adjacent wells; avoid adverse impacts to fish and wildlife, particularly endangered or threatened species listed or identified by any federal or state governmental agency; minimize disturbance and pollution of floodplains, wetlands, and watercourses; or minimize other potential environmental damage. Where possible, any such practices should be included on the site plan (*Attachment B*). ☐ Check here if additional sheets are attached to this page.

Part VI: Supporting Documents

Check the applicable box below for each attachment being submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on this registration form.

- ☐ Attachment A: Location Map: please review Section 4(c)(2)(A)(xii) of the General Permit for Diversion of Water for Consumptive Use-"Filing Categories" (DEEP-WPMD-GP-003).
- ☐ Attachment B: Site Plan: please review Section 4(c)(2)(A)(xiii) of the General Permit for Diversion of Water for Consumptive Use-"Filing Categories" (DEEP-WPMD-GP-003).
- ☐ Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- ☐ Attachment D: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your registration. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- ☐ Attachment E: For activities located in or near Aquifer Protection Areas: please review Section 4(c)(2)(A)(xv) of the General Permit for Diversion of Water for Consumptive Use-"Filing Categories" (DEEP-WPMD-GP-003).
- ☐ Attachment F: Conservation or Preservation Restriction Information, if applicable.
- ☐ Attachment G: For activities located in a floodplain: please review Section 4(c)(2)(A)(xiv) of the General Permit for Diversion of Water for Consumptive Use-"Filing Categories" (DEEP-WPMD-GP-003).
For guidance, please refer to *Model Hydraulic Analysis, Supplemental Guidelines for Preparing Hydraulic Analyses in Permit Applications Submitted to the Inland Water Resources Division* (DEP-IWRD-GUID-001, Rev. 02/13/02).
- ☐ Attachment H: Well Completion Report.
- ☐ Attachment I: Other information provided by requester (list):

Part VII: Copy of Application Form to Municipal Agencies

You must submit a complete copy of your request for authorization to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality that is, or may be, affected by the subject activity. Enter the names and addresses of the municipal agencies that were provided a complete copy of your request for authorization, including all of its attachments, the date such copy was submitted ("Date of Service"), and the type of service (check one).

Wetlands Agency:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐ First class mail

☐ Certified mail

☐ Hand delivery

Conservation Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐ First class mail

☐ Certified mail

☐ Hand delivery

Planning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐ First class mail

☐ Certified mail

☐ Hand delivery

Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐ First class mail

☐ Certified mail

☐ Hand delivery

Combined Planning and Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

☐ Check this box if the agencies of another municipality were served a copy of this request for authorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

Part VIII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided. A registration will be considered insufficient unless *all* required signatures are provided ***and are the proper signatory authority as specified under Part VIII in the instructions.***

"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 certify that this request for authorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that a complete copy of this request for authorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.

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."

x

Signature of Registrant

Date

Printed Name of Registrant

Title (if applicable)

Signature of Preparer (if different than above)

Date

Printed Name of Preparer

Title (if applicable)

☐

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

See submittal notes on next page.

Note: Please submit the original and one copy of the completed *Request for Authorization Form* and all supporting documents; along with the total fee to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

- Alternately, one electronic copy can be submitted on a portable digital storage device, along with the one original hardcopy. *Note- Number of copies conflicts with what is contained in the General Permit for Diversion of Water for Consumptive Use—Filing Categories , however this inconsistency will be resolved upon its re-issuance.*
- One complete copy of your *Request for Authorization Form* and all supporting documents must also be submitted to each municipal agency listed in Part VII of this form.

IMPORTANT: A diversion is authorized under the *General Permit for Diversion of Water for Consumptive Use – Filing Categories* (DEEP-WPMD-GP-003) upon receipt, by the commissioner, of a complete, sufficient *Request for Authorization* and appropriate fee, in accordance with Section 4 of that general permit.