



App #: \_\_\_\_\_

Doc #: \_\_\_\_\_

Check #: \_\_\_\_\_

Program: Water Diversion-Consumptive-GP

## Request for Reauthorization under the General Permit for Diversion of Water for Consumptive Use

**Notice to Requesters:** This form is only for those currently authorized under the following General Permits:

- General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) issued March 29, 2007;
- General Permit for Diversion of Water for Consumptive Use: Filing Only Categories (DEP-IWRD-GP-011) issued March 15, 2007;
- General Permit for Diversion of Water for Consumptive Use: Reauthorization Categories (DEP-IWRD-GP-01R) issued March 15, 2007.

**In order to use this form, the quantities requested in Part VI, # 2 of this form must be equal to or less than previously approved quantities.** Any increase of such quantities will result in the rejection of your request, whereby your activity may be eligible for authorization under other consumptive diversion general permits or through an "individual" water diversion permit.

Please complete this form in accordance with the [instructions](#) (DEEP-WPMD-INST-001) to ensure the proper handling of your request for reauthorization. Print or type unless otherwise noted. You must submit the total fee with this form.

Those not currently authorized as such and seeking coverage under the *General Permit for Diversion of Water for Consumptive Use* must complete Form DEEP-WPMD-REQ-002 or DEEP-WPMD-REQ-003 depending on their eligibility category.

**Notice to Municipal Agencies:** This is a request for reauthorization submitted to the Department of Energy and Environmental Protection (DEEP) pursuant to CGS section(s) 22a-6 and 22a-378a. For any questions, call DEEP's Water Planning and Management Division at 860-424-3704.

### Part I: Existing Authorization

1. Application/Authorization Number:

Issue Date:

If applicable, include, as Attachment A, a copy of your current approval under the General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) expiring March 29, 2017.

2. Town where site is located:

3. Brief Description of Authorized Diversion:

## Part II: Eligible Diversion Activity Type and Fee Information

Check the appropriate box to indicate the activity that is the subject of this request for reauthorization. Please complete one *Request for Reauthorization* for each current authorization you wish to reauthorize. For municipalities, a 50% discount applies. The request for reauthorization 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.*

Subject Activity	Fee [#1082]
<input type="checkbox"/> Interconnection and Transfer of up to 1,000,000 gpd	\$2500.00
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Surface Water / Stratified Drift Aquifer	\$2500.00
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Bedrock Aquifer	\$2500.00
<input type="checkbox"/> Backup Wells	\$2500.00
<input type="checkbox"/> Small Supplemental Bedrock Well	\$2500.00
<input type="checkbox"/> Small Water Supply System	\$2500.00
<input type="checkbox"/> Large Tidally-Influenced Rivers	\$2500.00
<input type="checkbox"/> Water Supply System Interconnection	\$2500.00
<input type="checkbox"/> Unregistered Water Supply Systems	\$2500.00
<input type="checkbox"/> Diversion of up to 250,000 gallons per day New Water	\$2500.00
<input type="checkbox"/> Restoration of Lost Capacity	\$2500.00

## Part III: 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](mailto: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.

## Part III: Requester Information (continued)

1. a) Requester 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-requesters. If so, attach additional sheet(s) with the required information as requested above.

b) Requester interest in property at which the proposed activity is to be located:

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

☐ other (specify): \_\_\_\_\_

2. **Billing contact, if different than the requestor.**

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 requestor.**

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 e-mail address. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also address changes.

### Part III: Requester Information (continued)

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility Owner, if different than the requester:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**6. Property 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 for authorization 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 IV: 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 V: Compliance and Enforcement History

Complete and include an *Applicant Compliance Information Form* (DEEP-APP-002) as Attachment B.

Have all requirements of your current authorization been met including special conditions, record keeping and reporting requirements? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

**Note: Failure to meet requirements of your current authorization or a significant violation of environmental law may result in a denial of your request.**

## Part VI: Site Information

### Site Name and Location

Name of Site(s):

Street Address or Location Description:

City/Town:

State:

Zip Code:

## Part VII: Project Summary

### 1. Regulated Activity

Describe the diversion, which is the subject of this request for reauthorization including the reason for the diversion and the present use of the water diverted.

☐ Check if additional sheets are attached to this page.

### 2. Quantity, Rate, Frequency and Duration of Diversion

Note: All quantity, rate, frequency and duration figures entered below ***must be equal to or less than previously approved quantities under the General Permit for which you are currently authorized.***

Name of diversion structure(s)		
Maximum daily withdrawal (mg) (i.e. the largest volume of water to be withdrawn in any 24 hour period)		
Maximum rate of withdrawal (cfs)		
Average day-maximum month withdrawal (mgd)		
Frequency of withdrawals	hours/day	days/year
If the withdrawal is seasonal provide dates diversion will be used:		

## Part VIII: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this *Request for Reauthorization* form. When submitting any supporting documents, label the documents as indicated in this part (e.g., Attachment D, Location Map, etc.) and be sure to include the requester's name as indicated on this application form. Note that in addition to the supporting documents described in previous sections, your request for reauthorization must include a location map as Attachment D.

- ☐ Attachment A: Existing Authorization: If applicable, include, a copy of your current approval under the General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) issued March 29, 2007.
- ☐ Attachment B: Compliance and Enforcement History: a completed copy of the [Applicant Compliance Information Form](#) (DEEP-APP-002).
- ☐ Attachment C: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site, and if possible, the property boundaries wherein the subject withdrawal occurs. Indicate the quadrangle name on the map.
- ☐ Attachment D: Additional Information: Include in this attachment any additional information not specifically requested which may assist the department in determining compliance with this general permit.

## Part IX: Copy of Request for Reauthorization to Municipal Agencies

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

### Inland 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:

Date of Service:

Type of Service:

☐ First class mail

☐ Certified mail

☐ Hand delivery

☐ Check this box if the agencies of another municipality were served a copy of this request for reauthorization 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 X: Requester Certification

The requester *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 X 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 reauthorization 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 reauthorization, 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."

Signature of Requester

Date

Printed Name of Requester

Title (if applicable)

Signature of Preparer

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.

### Notes:

- Please submit the fee, the original of your *Request for Reauthorization* form and all supporting documents to:  
  
CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL  
PROTECTION 79 ELM STREET  
HARTFORD, CT 06106-5127
- One complete copy of your *Request for Reauthorization Form* and all supporting documents must also be submitted to each municipal agency listed in Part IX of this form.
- *The number of copies of the Request for Reauthorization conflicts with what is contained in the subject General Permit, however this inconsistency will be resolved upon the General Permit's re-issuance.*

**IMPORTANT: A diversion is authorized under the *General Permit for Diversion of Water for Consumptive Use – Reauthorization* (DEEP-WPMD-GP-001) upon receipt, by the commissioner, of a complete, sufficient *Request for Reauthorization* and appropriate fee, in accordance with Section 4 of that general permit.**

The filing deadline to submit this completed form is ninety (90) days after the effective date of the subject general permit. Otherwise you must complete forms DEEP-WPMD-REQ-002 or DEEP-WPMD-REQ-003 depending on the eligibility category.