**CPPU USE ONLY**

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# General Permit Registration Form for In Situ Groundwater Remediation:

# Enhanced Aerobic Biodegradation

Please complete this form in accordance with the [instructions](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/LandUse_General_Permits/Remediation_General_Permits/RemAerobicinstpdf.pdf)

to ensure the proper handling of your registration. Send a copy of the permit registration form and the fee to DEEP, CPPU, 79 Elm St., Hartford, CT 06106-5127.  Upload the Electronic Transmittal Form and the permit registration form to the Connecticut [Secure File Transfer (SFT) website](https://sft.ct.gov).

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|  |  |
| --- | --- |
| This registration is for (check one):[ ]  A *new* registration[ ]  A *replacement* of an existing individual groundwater dischargepermit, registration, or temporary authorization [ ]  A *renewal* of an existing registration[ ]  A *modification* of an existing registration | Identify any previous or existing permit/authorization/registration: Existing permit or registration number:     Dates for existing activity or proposed dates:Start:       End:       |
| Identify the principal location of the subject activity: | **DEEP USE ONLY** |
| Site Name:  |  |
| Address:  |  |
| Town:  |  |

## Part II: Fee Information

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| A variable fee, depending on the nature of the activity being registered and the site setting, is to be submitted with *each* registration that you are submitting. Each remediation of a discrete pollution release requires a separate registration. *Consult the registration form* [*instructions*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/LandUse_General_Permits/Remediation_General_Permits/RemAerobicinstpdf.pdf) *or the* [*general permit*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/LandUse_General_Permits/Remediation_General_Permits/RemAerobicgppdf.pdf) *to determine the appropriate fee.* The registration 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. **Indicate the base fee:**  [ ]  $ 4,000 [ ]  $ 2,000 [ ]  $ 1,000 [ ]  no fee\***Reductions Taken:** [ ]  Approval not needed /or/ Certification for [ ]  Municipality Site Conditions is permissible & provided **FEE ENCLOSED**  $ **\_\_\_\_\_\_** |
| \*[ ]  I am the owner of a single family residence which is the location where the pollution that is to be remediated originates, and I request a fee waiver. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeowner’s Signature |

## Part III: Registrant Information

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| **1. Registrant Name:**      Company Name:      Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      E-mail:       |
|  Registrant's interest in property or facility at which the proposed activity is to be located:      |
| [ ]  Check if there are any co-registrants (other than the primary parcel property owner). **If so**, provide, for each such additional party, the information requested above. Space is provided on page 3 for non-property-owner co-registrants (as additional parties) |
| 2. Owner of **primary parcel** where activity will occur, *if different than registrant*: Name:      Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      E-mail:       |
| [ ]  Check if primary parcel owner is a co-registrant, and ensure a registrant certification is included.**If primary parcel owner is neither a registrant nor co-registrant**, describe how owner has granted permission and access, and include details/supporting documentation in Attachment F:       |
| 3. List any attorney or other representative, if applicable:Firm Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Attorney:       Phone:       ext.      E-mail:      Relationship to registrant (or owner):       |

## Part III: Registrant Information (continued)

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| 4. List the primary licensed environmental professional or professional engineer employed or retained to assist in preparing the registration and/or to design or supervise the activity: Name: [ ]  **LEP License Number:**      [ ]  **PE License Number:**       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. |
| 5. List, if different from the registrant(s) or the contact identified in question 4, the primary technical contact for the activity proposed in this registration:Name: [ ]  **LEP License Number:**      [ ]  **PE License Number:**       Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      E-mail:      Service Provided:  |
|  Contact's relationship to registrant or primary licensed environmental professional or professional engineer:      |
| 6. In the space below, identify other parties involved with this registration, *other than owners of parcels in addition to the primary parcel*, which instead must be included in Table 1 (page 9).  |

| **Identification of Additional Parties***[Expandable text entry area for users of electronic form]* |
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## Part IV: Site Location and Additional Parcels

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| 1. Identify, for the **primary parcel** associated with the area of proposed activity: Name of facility, if applicable: Street Address or Description of Location: City/Town:  State: **CT** Zip Code: Tax Assessor's Reference: Map:  Block:  Lot: Latitude and longitude of the center of the proposed activity: Latitude:  Longitude: Method of determination (check one):[ ]  GPS [ ]  USGS Map [ ]  Other (please specify): If a USGS Map was used, provide the quadrangle name:  |
| 2. Character of primary parcel (Check all that apply): [ ]  Single family residence [ ]  Up to four residential units [ ]  Other residential [ ]  Retail/commercial [ ]  Industrial/manufacturing Explanation:  |
| 3. Identify in Table 1 (on page 9) owners of other parcels where any part of the proposed activity or expected zone of influence will be present, and include documentation of access permissions in Attachment F.[ ]  No other parcels are affected by the proposed activity or projected zone of influence other than the primary parcel.  |

## Part V-A: Site Information: Site Setting

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| 1. Check all that apply to any parcel, in whole or in part, that includes an area of proposed activity or any part of the expected zone of influence:A. [ ]  Is within the coastal boundary as delineated on DEEP approved coastal boundary maps.***If applies***, and this registration is for a new authorization or for a modification of an existing permit, you must submit a [*Coastal Consistency Review Form*](https://portal.ct.gov/DEEP/Permits-and-Licenses/Common-Forms#CoastalConsistency) (DEEP-APP-004) with your registration as Attachment G.B. [ ]  Is located on federally recognized Indian lands. C. [ ]  Is subject to conservation or preservation restriction. ***If applies***, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be submitted as Attachment H.D. [ ]  Is located within an area identified as a habitat for endangered, threatened or special concern species as identified on the [Natural Diversity Data Base Areas Maps](http://www.cteco.uconn.edu/map_catalog.asp). Date of Map: ***If applies***, complete and submit a [*Request for NDDB State Listed Species Review Form*](https://portal.ct.gov/DEEP/NDDB/Requests-for-NDDB-Environmental-Reviews#ReviewForm) to the address specified on the form, **prior** to submitting this application. Please note NDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. Acopy of the NDDB Determination response letter that has not expired ***must*** be submitted with this completed application as Attachment I. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences. [ ]  None of the above apply to any parcel that is the subject of this registration.  |
| 2. Check all that apply to any part of the area of proposed activity, including access and support activity, or any part of the expected zone of influence: [ ]  Is within 100 feet of any watercourse, coastal water, inland wetland, or tidal wetland.  [ ]  Is located within any identified floodplain. [ ]  Neither of the above applies to any area that is the subject of this registration.  |
| 3. Provide, for the nearest downgradient stream or surface water body: A. Name of water body:  B. Distance from zone of influence:  C. Surface water quality goal, as identified in the Connecticut Water Quality Standards adopted pursuant to CGS section 22a-426:  |
| 4. Is any part of the area of proposed activity, including the predicted zone of influence, located within 1 mile of any public water supply well? [ ]  Yes [ ]  No |

**Part V-B: Site Information: Site Character**

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| 1. *Remedial program* *or other obligation to conduct remediation*: A. Check all that apply to the primary parcel: **List Associated DEEP ID numbers**: [ ]  CGS 22a-133x  [ ]  CGS 22a-133y  [ ]  CGS 22a-134a (Prop. Transfer)  [ ]  RCSA 22a-449(c)-105(h) (RCRA Corr. Act.)  [ ]  RCSA 22a-449(d)-(106) (UST Corr. Act.)  [ ]  Under a Pollution Abatement Order (CGS 22a-432)  [ ]  Significant Environmental Hazard Notification (CGS 22a-6u)  [ ]  None of the above apply to the primary parcel. B. [ ]  Some of the above apply to a parcel other than the primary parcel. **If so, list on Table 1**.  [ ]  None of the above apply to any other parcel comprising the area of activity or zone of influence.2. For sites in a *remedial program* identify: A. [ ]  LEP lead [ ]  DEEP lead [ ]  Not determined B. Name of supervising LEP:  License Number: 3. *Regulatory programs*: A Check all that apply to the primary parcel: **List Associated ID numbers:** [ ]  Listed on State Inventory of Hazardous Waste Disposal Sites  [ ]  Listed on CERCLIS (Superfund)  [ ]  Regulated under RCRA Subtitle C / CGS 22a-449(c) (HW)  [ ]  Regulated under RCRA Subtitle I / CGS 22a-449(d) (USTs)  [ ]  Regulated under RCRA Subtitle D / CGS 22a-208a (SW)  [ ]  Subject to a Water Discharge Permit under CGS 22a-430  [ ]  None of the above apply to the primary parcel. B. [ ]  Some of the above apply to a parcel other than the primary parcel. **If so, list on Table 1.** [ ]  None of the above apply to any other parcel comprising the area of activity or zone of influence. |

**Part V-C: Site Information: Site Conditions**

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|  [ ]  Certification for Site Conditions is included  |
| 1. *Sensitive site conditions*: Check all that apply to any part of the area of activity or zone of influence: [ ]  Leaching system is located within 25 feet.  [ ]  Coastal water, tidal wetland, inland wetland or watercourse is within 25 feet. [ ]  Underground utility or unprotected subsurface structure is within 25 feet. [ ]  Occupied basement is within 25 feet. [ ]  None of the above apply to any part of the area of activity or zone of influence **Yes No Don’t** (provide discussion in part V-D) **Know** [ ]  [ ]  [ ]  Water table is less than 15 feet above the bedrock surface. [ ]  [ ]  [ ]  Groundwater contains greater than 10 mg/l dissolved iron. [ ]  [ ]  [ ]  Groundwater contains greater than 10,000 mg/l TPH.  |
| 2. *Pollution Presence*: Check all that apply: **Yes No Don’t** (provide discussion in part V-D) **Know** [ ]  [ ]  [ ]  Evidence of a release is present: [ ]  Quantitative [ ]  Qualitative Identify nature of evidence:  [ ]  [ ]  [ ]  Presence of free product has been evaluated. [ ]  [ ]  [ ]  Free product is or was present at the location of the proposed activity.  [ ]  [ ]  [ ]  Free product present has been removed to the extent practical.  (If recoverable free product remains on site discuss removal in part V-D)  [ ]  [ ]  [ ]  Site characterization identified pollutants other than petroleum fuel.  [ ]  [ ]  [ ]  Site characterization identified AOCs in ZOI. |
| 3. Proximity to public water supplies: Check all that apply for any part of the area of proposed activity or anticipated zone of influence:  [ ]  Within an aquifer protection area: [ ]  Level A [ ]  Level B  [ ]  Within a public water supply source water area:  [ ]  Surface Water Watershed [ ]  Groundwater Well Source Water Area [ ]  Upon land owned by an operator of a public water supply:  Land Class: [ ]  1 [ ]  2 [ ]  Don’t Know If any apply, provide PWS ID number(s): **If any apply, the** **proposed activity must be approved by the commissioner**, and a duplicate or certified copy of the registration must be filed with the Drinking Water Section of the Department of Public Health. **Enter date copy was/will be sent**:  [ ]  None of the above apply to any part of the area of proposed activity or anticipated zone of influence. |

**Part V-C: Site Information: Site Conditions (continued)**

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| 4. Identify the *groundwater quality goal(s)*, adopted in the Connecticut Water Quality Standards pursuant to CGS section 22a-426, for any part of the area of proposed activity or anticipated zone of influence: [ ]  GAA\* [ ]  GAAs\* [ ]  GA [ ]  GB **\* approval by commissioner required**  |
| 5. *Proximity to water supply wells:* Check all that apply for any part of the area of proposed activity or anticipated zone of influence:  [ ]  Located within 1000 feet of a public water supply well.  [ ]  Within 200 feet of any water supply well pumping over 10 gallons per minute.  [ ]  Within 75 feet of any water supply well not owned by registrant or primary parcel owner.  [ ]  None of the above apply to the area of proposed activity or anticipated zone of influence. [ ]  Only water supply well within 75 feet is owned by registrant or primary parcel owner.  **If any apply**, a duplicate or certified copy of the registration must be filed with the local director of health. **Enter date copy was/will be sent**:  |
| 6. List in Table 2 on the following page the public water supply wells within 1000 feet and *all water supply wells within 500 feet* of the proposed activity or anticipated zone of influence. Identify how list was developed:  [ ]  Well inventory determined no wells are present. [ ]  No wells believed present. |

**Part V-D: Site Information: Environmental Effect Mitigation (see instructions)**

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| **Describe how any potential adverse environmental effects of the proposed activity will be mitigated**; also describe why any site conditions either present or undetermined are not relevant or are adequately addressed by the proposed activity design and monitoring**:** |
| [ ]  Check here if continuation sheet is needed, and label and attach it to this sheet. |

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**Table 1**

**Listing of Additional Parcels Associated with Site**

| **Map/Block/Lot**  | **Address**  | **Owner** | **Phone** | **Character** | **Permission** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |

**Table 2**

**Identified Water Supply Wells**

| **Address** | **Contact** **Name** | **Phone** | **Well/System** **type** | **Distance** **from ZOI** | **Remarks** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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**Part VI: Activity Specific Information**

Please identify the nature of the proposed activity. Consult the instructions to ensure that your answers correlate with the appropriate sections of the general permit.

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| 1. Nature of pollution the proposed activity is intended to treat:  [ ]  Heating Oil [ ]  Other Petroleum Fuel [ ]  Other\* (**\*commissioner approval required)** Specify pollutant if other: 2. [ ]  Yes [ ]  No Pollution being remediated is associated with release from a tank with a capacity equal to or less than 2,100 gallons in size. 3. [ ]  Yes [ ]  No Release is associated with a residential heating oil tank. 4. Identify substances to be introduced into groundwater by the proposed activity.  Check all that apply.  [ ]  Oxygen Releasing Substances. Identify substance:  [ ]  Supplemental nutrient substances and/or pH adjusting chemicals. Discuss in work plan and identify substance(s) here:  [ ]  Cultured naturally occurring biologic organisms. Discuss in work plan and identify substance or organism here:  [ ]  Other oxygen delivery mechanism/source. Identify:  [ ]  System maintenance chemicals. Identify: 5. Identify how the substances will be introduced into groundwater by the proposed activity.  Check all that apply: [ ]  Emplacement in an open excavation resulting from removal of a tank or polluted soil. [ ]  Emplacement of removable devices. Identify:  [ ]  Injection or emplacement on or below the ground surface.  Describe:  [ ]  Alternative delivery mechanism/source. Identify: 6. [ ]  Yes\* [ ]  No Activity will result in introduction of chemicals into or on bedrock, or within 2 feet of the bedrock surface. **\* approval by commissioner required**7. Pounds of oxygen to be supplied by the proposed activity:8. [ ]  Yes [ ]  No More than 50,000 gal/day of water/solution will be managed.9. [ ]  Yes [ ]  No Multi-phased activity is proposed. 10. [ ]  Yes [ ]  No Certification for Site Conditions is included.  |

**Part VII-A: Supporting Documents**

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been 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.

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| [ ]  Attachment A: 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 required nearby features. Indicate the quadrangle name on the map. [ ]  Attachment B: Site Conditions Report. [ ]  Attachment C: Site Plan. [ ]  Attachment D: Work Plan. [ ]  Attachment E: Monitoring Plan, if required. [ ]  Attachment F: Access Permission Documentation, if applicable.[ ]  Attachment G: [*Coastal Consistency Review Form*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Common_Forms/coastalreviewappdoc.doc?la=en) (DEEP-APP-004), if applicable.[ ]  Attachment H: Conservation/Preservation restriction information, if applicable.[ ]  Attachment I: Acopy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do *not* submit any NDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDB Determination if it expires before project work commences. |

**Part VII-B: Technical Certifications**

[ ]  Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this registration form. Ensure signatures cover all discrete parcels of the site.

1. **Certification of site evaluation** by a Licensed Environmental Professional or Professional Engineer pursuant to Section 4(c)(4)(B) of the general permit. See instructions for applicability.

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|  “I certify that I have thoroughly and completely reviewed the: site conditions report, including the past and present uses of the site and fill history; site plan; work plan; and, if applicable, monitoring plan; and, if applicable, results of screening samples included with this registration and any other site characterization samples. I certify, based on such review and on my professional judgment, that any constituent of concern list includes all non-petroleum potential pollutants present in the area of proposed activity or zone of influence. I further certify, based on my professional judgment, that the proposed activities are necessary and the activity design, development specifications, and implementation procedure are appropriate for remediation of the pollutants present at the area of the site where activity is proposed and that the proposed activities are based on an appropriate site characterization consistent with prevailing standards and guidelines. I am aware that any professional services rendered pursuant to this general permit shall conform to the applicable rules of professional conduct of the Regulations of Connecticut State Agencies (for P.E.s section 20-300-12(a) and for LEPs section 22a-133v-6).I am also aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements”. |
|  |  |  Affix seal here |
| Signature of Licensed Environmental Professional or Professional Engineer |
|  |  |
| Date |  |
|  |  |
| Name of Licensed Environmental Professional or Professional Engineer (print or type) |  |
|  |  |  |
| Title (if applicable) |  | License Number |

2. **Alternative certification** permissible for certain residential sites pursuant to Section 4(c)(4)(D) of the general permit. See instructions for applicability.

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| “I certify that I have thoroughly and completely reviewed the site conditions report and site plan, including the past and present uses and fill history of the site, and that the submitted information pertinent to the parcel I own is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.” |
|  |  |  |
| Signature of Property Owner | Date |
|  |  |  |
| Name of Property owner (print or type) | Title (if applicable) |
| Parcel Identification for this signature: |  |

3. Optional **Certification for Site Conditions** by a Licensed Environmental Professional or Professional Engineer pursuant to Section 4(c)(4)(C) of the general permit. See instructions for applicability. [Replaces certification by LEP or PE on previous page.]

|  |
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| “I certify that I have thoroughly and completely reviewed the: site conditions report, including the past and present uses of the site and fill history; site plan; work plan; and, if applicable, monitoring plan; and, if applicable, results of screening samples included with this registration and any other site characterization samples. I certify, based on such review and on my professional judgment, that any constituent of concern list includes all non-petroleum potential pollutants present in the area of proposed activity or zone of influence and that the proposed activities are based on an appropriate site characterization consistent with prevailing standards and guidelines. I also certify that I have thoroughly and completely reviewed the proposed activities that, pursuant to Sections 3(e)(1) through 3(e)(3) of this general permit, require approval by the commissioner unless a certification for site conditions is provided. I further certify, based on such review and on my professional judgment, that the proposed activities are necessary and the activity design, development specifications, and implementation procedures are appropriate to remediate the pollution present at the area of the site where activity is proposed, and the, oversight and monitoring provisions, and contingency measures, all described in the work plan and/or monitoring plan, are consistent with prevailing standards and guidelines, and the proposed activities are not expected to cause changes in groundwater or surface water quality beyond the designated zone of influence, are not expected to adversely affect any identified underground source of drinking water supply or water supply well, and are not expected to adversely affect any underground utilities, underground structures or leaching fields. I also certify that, in my professional judgment, the proposed work plan and monitoring plan are sufficient to identify any unpredicted adverse effects, and provide a mechanism such that the activity will be stopped and such effects mitigated. I am aware that any professional services rendered pursuant to this general permit shall conform to the applicable rules of professional conduct of the Regulations of Connecticut State Agencies (for P.E.s section 20-300-12(a) and for LEPs section 22a-133v-6).I am also aware that there are significant penalties for false statements in this certification, including the possibility of fine and imprisonment for knowingly making false statements.” |
|  |  |  Affix seal here |
| Signature of Licensed Environmental Professional or Professional Engineer |
|  |  |
| Date |  |
|  |  |
| Name of Licensed Environmental Professional or Professional Engineer (print or type) |  |
|  |  |  |
| Title (if applicable) |  | License Number |

## 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. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

|  |
| --- |
| “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 those 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 general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have read the *General Permit for In Situ Groundwater Remediation: Enhanced Aerobic Biodegradation* issued by the Connecticut Commissioner of Environmental Protection; that the activities which are the subject of this registration are eligible for authorization under such permit; that if such activities commenced prior to the issuance of such permit, all applicable requirements of such permit are being met; and that a functioning and effective system is in place to assure that all such requirements are met so long as the activities which are the subject of this registration continue.I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.”  |
|  |  |  |
| Signature of Registrant | Date |
|  |  |  |
| Name of Registrant (print or type) | Title (if applicable) |
|  |  |  |
| Signature of Preparer (if different than above) | Date |
|  |  |  |
| Name of Preparer (print or type) | Title (if applicable) |
| [ ]  Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies after this sheet. You must include signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) |

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