



# Leaf Composting Facility Registration Form

Please complete this form in accordance with the instructions (DEP-RCY-INST-001) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) along with this form.

DEP USE ONLY	
Document No.	_____
Rec'd CPPU	_____
Rec'd Program	_____

## Part I: Registration Type

Enter a check mark in the appropriate box identifying the registration type.

This registration is for (check one):

A *new* leaf composting facility

An *existing* leaf composting facility

A *re-registration* of a leaf composting facility because (check all that apply):

The annual volume of leaves to be composted is expected to increase by 20% or more of the annual volume indicated in the current registration.

The design, or procedures or processes are being modified.

There is a change in the identity of the owner or operator.

Please identify any previous or existing registration number in the space provided.

Previous or existing registration number: \_\_\_\_\_

## Part II: Fee Information

There is no fee required with this registration at this time.

## Part III: Registrant Information

1. Fill in the name of the applicant/registrant(s) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Registrant:

Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Enter a check mark if there are co-registrants. If so, label and attach additional sheet(s) with the required information as supplied above.

2. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

**Part III: Registrant Information (cont.)**

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney Name:

Title:

*Refer to Section 22a-208l(a)-1(b) of the Regulations of Connecticut State Agencies for the definitions of "owner" and "operator".*

4. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. Property Owner, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity. Please enter a check mark if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

## Part IV: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

2. Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps?  Yes  No

If yes, and this registration is for a new leaf composting facility, you must complete and submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment D.

For forms or assistance, please call the Permit Assistance Office at 860-424-3003.

3. Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"?  Yes  No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form* (DEP-APP-007) to the address specified on the form.

When submitting this registration, please include copies of any correspondence to the NDDB, including copies of the completed CT NDDB Review Request Form, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your existing or proposed permitted activity, as Attachment E.

Has a field survey been conducted to determine the presence of any endangered, threatened or special concern species?  Yes  No If yes, provide:

Biologist's Name:

Address:

and submit a copy of the field survey with your application as Attachment E.

4. Is or will the facility be located on top of a solid waste disposal area?  Yes  No

If yes, is this solid waste disposal area  inactive? or  active?

5. What is the size of the:

a) property on which the facility is located? acres

b) area to be used for the leaf composting pad? acres or ft<sup>2</sup>

c) area to be used for pre-composting activities (grinding, de-bagging etc.)?  
acres or ft<sup>2</sup>

d) area to be used for compost storage? acres or ft<sup>2</sup>

6. What is the estimated annual volume of leaves to be composted: cubic yards/year

7. What is the distance from the compost pad to the closest occupied buildings in each of these categories:

a) residential ft b) commercial ft c) municipal ft

## Part V: Supporting Documents

Please enter a check mark 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 as indicated on the *Permit Application Transmittal Form*.

<input type="checkbox"/>	Attachment A: Detailed Site Plan (Section 22a-208i(a)-1 of the Regulations of Connecticut State Agencies)
<input type="checkbox"/>	Attachment B: Operation and Maintenance Plan (Section 22a-208i(a)-1 of the Regulations of Connecticut State Agencies)
<input type="checkbox"/>	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. Indicate the quadrangle name on the map.
<input type="checkbox"/>	Attachment D: A completed <i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment E: A completed <i>CT NDDB Review Request Form</i> (DEP-APP-007), the NDDB response thereto, and any biologist's report on endangered, threatened or special concern species, if applicable.

## Part VI: 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.

<p>"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.</p> <p>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.</p> <p>I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p>	
_____ Signature of Registrant	_____ Date
_____ Name of Registrant (print or type)	_____ Title (if applicable)
_____ Signature of Preparer	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<input type="checkbox"/> Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the Permit Application Transmittal Form, Registration Form and all Supporting Documents to:

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