



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Waste Engineering & Enforcement Division

General Permit Registration Form for a Municipal Transfer Station

Use the “*Instructions*” document (DEEP-SW-INST-002) to assist you in completing this form.

Print or type unless otherwise noted. Your submittal to DEEP must include:

- (1) this completed registration form, DEEP-SW-REG-002;
- (2) Site plan and any required supporting documents; and
- (3) Fee.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Transfer Station General Permit

Part I: Registration Type

<p>Check one of the following:</p> <p><input type="checkbox"/> New facility</p> <p><input type="checkbox"/> Facility currently operating under a DEEP individual solid waste permit or a recycling general permit</p> <p><input type="checkbox"/> Renewal of an existing registration under the General Permit for a Municipal Transfer Station</p>	<p>Identify any permit or registration approval (solid waste or recycling general permit) already issued for the facility:</p> <p>Date granted: _____</p>
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Part II: Fee Information

<p>Each municipal transfer station requires a separate registration. The registration fee for a municipal transfer station is \$8000.00 [§963]. An initial fee of \$800.00 shall be submitted with the registration package and the balance of the fee will be billed to the municipality annually in equal installments (\$800.00/year). The \$800.00 annual invoice is due on or before July 1 of each year. The registration will not be processed without the initial fee. The fee is non-refundable and shall be paid by check or money order to: Department of Energy and Environmental Protection.</p>

Part III: Registrant Information

- If a registrant 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, registrant’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 (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)
- If a registrant 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 Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

Part III: Registrant Information (continued)

1. 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.

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 (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

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): _____

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 at municipality for correspondence and inquiries:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

*E-mail:

Part III: Registrant Information (continued)

4. Primary contact if not municipal contact named in (3) above (e.g., environmental consultant, engineer, etc.):

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

5. Owner of the property on which facility will be located:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Engineer(s) or other consultant(s) employed or retained to assist in preparing this submittal:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

7. Facility Operator if not the Municipality:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name of Facility Foreman/Lead (on Site):

On-site Phone:

Part IV: Site Information

1. FACILITY NAME AND LOCATION

Name of facility :

Street Address or Location Description:

Latitude and longitude of the exact location of the proposed facility in degrees, minutes, and seconds:

Latitude:

Longitude:

Method of determination (check one):

GPS USGS Map Other (please specify):

If a USGS Map was used, state the quadrangle name:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? Yes No

3. **COASTAL BOUNDARY:** Is the activity which is the subject of this registration 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, you must submit a [Coastal Consistency Review Form](#) (DEP-APP-004) with your application as Attachment C.

Information on the coastal boundary is available at www.lisrc.uconn.edu. (Click on the upper tab or left hand column labeled "Maps", then "Coastal Connecticut") or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

If no, is the activity which is the subject of this registration located within the coastal area? (see town list in the instructions) Yes No

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the project site located within an area identified as a habitat for endangered, threatened or special concern species? Yes No Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEP-APP-007) to the address specified on the form. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant.**

A **copy** of the completed *Request for NDDB State Listed Species Review Form* and the CT NDDB response **must** be submitted with this completed registration as Attachment D.

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes No To view the applicable list of towns and maps visit the DEEP website at www.ct.gov/deep/aquiferprotection

If yes, is the site within an area identified on a Level A map? Yes No

If yes, is the site within an area identified on a Level B map? Yes No

If your site is on a Level A map, check the DEEP website, [Business and Industry Information](#) (www.ct.gov/deep/aquiferprotection) to determine if your activity is required to be registered under the Aquifer Protection Area Program.

If your site is on a Level B map, no action is required at this time, however you may be required to register under the Aquifer Protection Area Program in the future when the area is delineated as Level A.

Part IV: Site Information (continued)

- 6. CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, 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 E.

7. ENVIRONMENTAL JUSTICE COMMUNITIES:

- a.** Does the site include a **new** facility or **new** activity located within an environmental justice community as defined in the [instructions](#) (DEEP-SW-INST-002)? Yes No

If yes, you must hold an informal public meeting concerning the subject activity prior to issuance of your permit approval. Refer to the instructions (DEEP-SW-INST-002) for more detail.

- b.** Does the subject registration include an activity which will occur at an **existing applicable** facility, located within an environmental justice community? Yes No

If Yes, the registrant shall submit an Environmental Justice Public Participation Plan and adhere to the requirements of section 22a-20a CGS. Refer to the Environmental Justice Public Participation Guidelines (DEEP-EJ-GUID-001) for more information (www.ct.gov/deep/environmentaljustice).

A Copy of the Written Environmental Justice Public Participation Plan Approval Letter **must** be submitted with this completed registration as Attachment F.

- 8. FACILITY OPERATED BY CONTRACTOR:** Will an outside contractor (and not the municipality) operate the facility? Yes No

If Yes, prepare and include a Duties Statement as Attachment G.

- 9. ADDITIONAL RECYCLABLE MATERIALS:** List all additional materials that are being collected at the facility and sent off-site for recycling (e.g. FOG) that are not otherwise authorized by the subject general permit.

Part V: Supporting Documents

Check the applicable box below for each attachment being submitted with this registration form.

When submitting any supporting documents:

- (1) **label each document** with its respective attachment letter (e.g., Attachment A, etc.);
- (2) **include the registrant/applicant's name** as registered with the Secretary of State

REQUIRED:

- Attachment A: An 8 1/2" by 11" copy of the relevant portion or a full-sized original of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the exact location of the site and the area within a one-mile radius of the site. Identify the quadrangle name and number on such copy.
- Attachment B: Facility Site Plan that has been prepared, signed, dated, stamped and certified by a professional engineer (P.E.) licensed to practice in Connecticut

Part V: Supporting Documents (continued)

MAY BE REQUIRED (SEE “INSTRUCTIONS” DOCUMENT FOR HOW TO COMPLETE)

- Attachment C: Coastal Consistency Review Form (DEP-APP-004), if applicable
- Attachment D: Copy of the completed *Request for NDDDB State Listed Species Review Form* (DEP-APP-007) and the NDDDB response, if applicable.
- Attachment E: Conservation or Preservation Restriction Information, if applicable
- Attachment F: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable
- Attachment G: Duties Statement, If Facility is (or will be) Operated by a Contractor

Part VI: Consent to Revocation of Existing Waste Permits

Only one permit or registration may authorize the solid waste activities at the transfer station facility. In order to register for this General Permit, the permittee/registrant shall therefore consent to the revocation of any other permits or registrations issued previously to authorize the transfer station and recycling activities.

“I consent to the revocation of the existing General Permit for Recycling or the Individual Solid Waste Permit for the subject transfer station, effective on the date the commissioner approves this registration for the General Permit for a Municipal Transfer Station.”

Signature of First Selectman/Mayor

Date

Name of First Selectman/Mayor (print or type)

Continue on next page

Part VII: 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 VII in the instructions**. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<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 certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</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>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. <i>You must include signatures of any person preparing any report or parts thereof required in this submittal (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) If needed, reproduce this page and attach signed copies to this sheet.</i></p>	

- Please submit:
- (1) completed *Registration Form*;
 - (2) Site Plan and all Required Supporting Documents;
 - (3) **One copy of the entire package; and**
 - (4) Fee

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