



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

General Permit Registration Form for the Discharge of Groundwater Remediation Wastewater

Please complete this form in accordance with the [instructions](#) (DEEP-WPED-INST-027) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.
Note: If conducting in-situ remedial injections refer to [In Situ Groundwater Remediation: Enhanced Aerobic Biodegradation or Chemical Oxidation](#).

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for a (check all that apply):</p> <p><input type="checkbox"/> New general permit registration and</p> <p style="padding-left: 20px;"><input type="checkbox"/> transfer of <i>ownership</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Replacement of an individual permit or an authorization</p> <p><input type="checkbox"/> Reregistration of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration</p>	<p>If previously authorized provide:</p> <p>1. Existing permit or authorization number: _____</p> <p>2. Expiration Date: _____</p>
<p>Town where site is located: _____</p> <p>Brief Description of Project: _____</p>	

Part II: Discharge and Fee Information: ****Check the categories that apply.**

Discharge to Surface Water	Discharge to Sanitary Sewer (POTW)	Discharge to Groundwater	**Fee
<input type="checkbox"/> *Registration Only (without approval)	<input type="checkbox"/> *Registration Only (without approval)	<input type="checkbox"/> *Registration Only (without approval)	\$625.00 [#2188]
<input type="checkbox"/> *Approval of Registration	<input type="checkbox"/> *Approval of Registration	<input type="checkbox"/> *Approval of Registration	\$1250.00 [#2189]
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	\$0.00

*Refer to list in Part V of this form to choose the correct registration category.

**All discharges from one site must be filed on one form; for multiple discharges, only pay the higher fee (\$1250 or \$625).

The fee for municipalities is 50% of the above rates. The fee for single family residences shall be waived. There is no fee for modifications [#2203]

The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.

For DEEP USE ONLY: if more than one category of discharge is selected, the EI will be either surface water first, then sanitary sewer.

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 ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).
- 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 DEEP.OPPD@ct.gov. For any other changes, contact the specific program from which you hold a current DEEP license.

1. Registrant Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			
<p>*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.</p>			
a) Registrant Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality <input type="checkbox"/> tribal
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #:_____This information can be accessed at the Secretary of State's database (onlineBusinessSearch (ct.gov)).			
iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.			
<input type="checkbox"/> 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:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> easement holder <input type="checkbox"/> operator
<input type="checkbox"/> other (specify): _____			

Part III: Registrant 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:

5. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Registrant Information (continued)

6. Facility Owner, if different than the registrant:
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 registration 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: Site Information

1. SITE NAME AND LOCATION
Name of Site :
Street Address or Location Description:

City/Town: State: Zip Code:
Tax Assessor's Reference: Map Block Lot

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds or in decimal degrees: Latitude: Longitude:

Method of determination (check one):
 GPS USGS Map Other (please specify):
If a USGS Map was used, provide the quadrangle name:

2. TRIBAL LANDS: Will the activity which is the subject of this registration be located on federally recognized tribal lands? Yes No

Part IV: Site Information (continued)

3. **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).

4. **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?

Yes No Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDDB 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. 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.

For more information visit the DEEP website at [Endangered-Species-ReviewData-Requests](#) or contact the NDDDB at deep.nddbrequest@ct.gov.

5. **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.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this application 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 E.

7. Will the subject discharge take place within a ¼ mile of any public or private drinking water well?

Yes No

Part IV: Site Information (continued)

8. Check all that apply:

- The site is or was listed on the State or Federal Superfund List.
- The site is or was listed on the National Priority List.
- The site is or was listed under CERCLA.
- The site is or has been used for the disposal of hazardous materials.
- The site is or has been subject to reporting requirements of section 22a-6u or 22a-134 of the General Statutes.
- The site is a solid waste disposal area, as defined in section 22a-207 of the General Statutes.

9. Groundwater Classification of the site:

10. Check all that apply:

- Discharge to surface water
- Discharge to POTW (sewer)
- Discharge to ground water

For Surface Discharges Only:

11. Name of receiving water:

12. Classification of surface water receiving the discharge:

If classification is "AA", refer to Part V (iii) of this form and also complete and submit Attachment K of this form.

13. 7Q10 Flow or Volume of Receiving Water: (CFS/Gallons)

14. Available Dilution (7Q10 or Volume / Maximum Daily Flow):

15. Is the discharge directed to an impaired water as defined in the most recent [Connecticut Integrated Water Quality Report](#)? Yes No

If yes, complete and submit Attachment J of this form.

For POTW Discharges Only:

16. Name of POTW

17. Design Flow of POTW

Also complete and submit Attachment I of this form.

For Groundwater Discharges Only:

18. Name of Drainage Basin:

Also complete and submit Attachment L of this form.

Part V: Activity Specific Information

If any of the following conditions apply, then an Approval of Registration is required from the department before the discharge can be initiated. Check all that apply here and check the "Approval of Registration" option in Part II of this form. If none of the following apply, check the "Registration Only" option in Part II of this form.

- (i) The combined maximum daily flow of all groundwater remediation wastewater generated at such site exceeds ten percent of the 7Q10 flow of the watercourse into which such wastewater is discharged, or
- (ii) The combined maximum daily flow of all groundwater remediation wastewater generated at such site exceeds one-half of one per cent of the water volume of the impoundment, lake, or pond into which such wastewater is discharged, or
- (iii) The discharge is directed to a surface water with a Water Quality Classification designated as Class AA or any tributary to a public water supply reservoir, or
- (iv) wastewater treatment will include the addition of chemicals, other than for final effluent pH adjustment, used as part of wastewater treatment or for the maintenance of any treatment system component, or
- (v) groundwater remediation wastewater to be discharged contains any pollutant, excluding temperature, solids, nutrients and oxygenates, for which no limit is specified in Appendix A or Appendix B, or
- (vi) radioactive material as defined by section 22a-148 of the General Statutes has been deposited on the site from which such discharge takes place or is proposed to take place, or,
- (vii) groundwater from adjacent properties potentially effected by pollutants originating from the registered property will be collected at such adjacent properties and pumped or transported to the registered property for treatment and discharge, or
- (viii) the discharge is to be directed to the ground, including discharges of well rehabilitation wastewaters, or
- (ix) the discharge is generated from the dewatering of dredged sediments, or
- (x) the pollutants being remediated have been identified as a source of impairment in the waterbody receiving the discharge, or
- (xi) a stormwater conveyance or other structure that is not part of a designed wastewater treatment system is to be used to reduce pollutants to allowable limits, or

Note: The commissioner will notify the registrant if emerging contaminant(s) are present at levels that require development of site specific monitoring requirements and/or discharge limitations.

Part V: Activity Specific Information (continued)

1. Maximum Daily Flow of the withdrawal and discharge in gallons per day: _____

2. Number of hours per day of the withdrawal and discharge: _____

3. Estimated duration of the withdrawal and discharge activity. Provide an estimated beginning and ending date.
Beginning Date: _____ Ending Date: _____

4. A detailed description of the type of contamination being remediated and the likely source of such contamination.

5. A detailed description of the activity generating the withdrawal and the discharge.

6. A detailed description of the type of treatment system installed to treat the discharge, including a description of flow monitoring equipment or methodology or techniques and devices used for recording total daily flow.

7. Will the treatment employ air stripping? Yes No

8. A detailed description of any erosion and sediment controls, energy dissipation structures to be used in connection with the subject remedial measures.

9. A brief description of the BMP's to be implemented by the permittee to minimize the adverse environmental impacts of activities authorized by this general permit.

Part VI: Registration Mailing List

List the names of the agencies to which the registration was submitted and the date of submittal. For example, Department of Public Health, applicable POTW, applicable water utility, local wetlands, or any other local or state authorities. For more details refer to the instructions.

The following have received copies of this registration and supporting documents:	
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:

Part VII: 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.

<input type="checkbox"/>	Attachment A:	A plan of the site where the subject wastewater will be generated, in accordance with Section 4(c)(2)(N) of the subject General permit, showing at a minimum: the legal boundaries of such site; the location of existing and planned recovery, soil venting, and drinking water wells thereon; the location from which the subject discharge leaves the site; the location from which the subject discharge enters the surface water; the location of all monitoring wells and other places where chemical, physical, or biological monitoring does or will take place; the existing or planned treatment system for the subject wastewater; and the location, if any, of all tidal wetlands and of all inland wetlands and watercourses.
<input type="checkbox"/>	Attachment B:	An 8 ½" x 11" copy of each applicable section of a United States Geological Survey quadrangle map with a scale of 1:24,000, which shows: the exact location of each discharge; the longitude and latitude of the discharge to within the closest 15 seconds; and the location of any drinking water wells within ¼-mile of the site. Each quadrangle map should be marked with the name of such map. (Section 4(C)(2)(O) of the subject general permit)
<input type="checkbox"/>	Attachment C:	Coastal Consistency Review Form (DEEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment D:	Copy of the final NDDDB determination (not yet expired), if applicable.
<input type="checkbox"/>	Attachment E:	Conservation or Preservation Restriction Information, if applicable
<input type="checkbox"/>	Attachment F:	The attached Professional Certification Form, for discharges greater than 30 days.
<input type="checkbox"/>	Attachment G:	A completed Screening Form (DEEP-WPED-SCREEN-027)
<input type="checkbox"/>	Attachment H:	An inspection schedule and protocol if required by either Section 5A(d)(4) or 5B(e)(3) of the subject general permit.

Part VII: Supporting Documents (continued)

For POTW Discharges Only:

- Attachment I: [Approval for Connection/Transport to a POTW Form](#) (DEEP-WD-APPROVAL-001) or other written approval issued by the applicable POTW.

For New Discharges to Impaired Waters Only:

- Attachment J: In accordance with Section 3(b)(9) of the subject general permit, submit the following:
For discharges of pollutants which cause or contribute to the impairment of a water body segment without an established Total Maximum Daily Load (TMDL), the registrant must provide data and other technical information to the commissioner sufficient to demonstrate that the discharge of the pollutant identified as an indicator of the impairment will meet in-stream water quality criteria at the point of discharge to the waterbody.

Notes:

1. For discharges to waterbody segments impaired for Aquatic Life Uses, discharges shall not contain concentrations of any pollutants with a Water Quality Criteria (WQC) identified in RCSA section 22a-426-9 Table 3 in concentrations greater than the more restrictive of the chronic aquatic life criteria or applicable human health criteria.
2. For discharges to waters with an established Total Maximum Daily Load (TMDL), the Department must determine that there are sufficient remaining Waste Load Allocations in the TMDL to allow the discharge and that existing dischargers to the waterbody are subject to compliance schedules designed to bring the waterbody into attainment with water quality standards.

To be eligible for authorization, the registrant must receive a written determination from the Commissioner that the discharge will not contribute to the existing impairment. If the registrant does not receive such written determination, the activity is not authorized by this general permit and must obtain an individual permit.

For Discharges that are directed to a surface water with a Water Quality Classification designated as Class AA or any tributary to a public water supply reservoir:

- Attachment K: Copy of a written request to the Department of Public Health (DPH) for approval of the discharge **and** the written approval from DPH, if issued before submittal of this registration form. The written approval from DPH may be submitted subsequently but must be submitted before the Department can approve the discharge. If submitted separately than this registration form, submit to:

WATER PERMITTING AND ENFORCEMENT PROGRAM
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

For Discharges to Ground or Groundwater Only:

- Attachment L: An injection and monitoring plan detailing all recovery and injection wells, groundwater treatment components and any chemicals 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**. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>"I hereby certify that I am making this certification in connection with a registration under such general permit, submitted to the commissioner by for an activity located at <u>INSERT PROJECT ADDRESS OR ACTIVITY</u> by</p>	
<p><u>INSERT NAME OF REGISTRANT</u> and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(17)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(17)(B) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination.</p>	
<p>I certify that our facility does not use products or chemicals that may result in a discharge of mercury.</p>	
<p>I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification. I understand that the certification made pursuant to Section 3(b)(16) of this general permit may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and that I will be required to provide additional information as may be requested in writing by the commissioner in connection with such audit, and the registration filed in connection with such general permit may be denied, revoked or suspended as a result of such audit. As part of such audit, I understand the commissioner may require that any information prepared in accordance with this general permit be independently certified by a Professional Engineer in accordance with this general permit and that such independent certification shall be at the registrant's expense. I understand that the reasonable cost of any such audit that reveals that a false certification was submitted to the commissioner may be charged to the registrant for this general permit for which such certification was made. I also understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."</p>	
<p>"I understand that the subject activity is authorized only on or after the date the commissioner receives a registration and where applicable, issues a written approval of registration with respect to such activity."</p>	
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)
<p><input type="checkbox"/> 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.</p>	

Note: Please submit this completed Registration Form, Fee, and all Supporting Documents to:

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

1. One additional copy of the completed registration shall be submitted for each of the following conditions:
 - For any discharge of groundwater remediation wastewater where drinking water wells exist within one-quarter mile of the proposed site;
 - For any discharge of groundwater remediation wastewater where air stripping is used as a wastewater treatment technology.
2. If such discharge is directed to or otherwise affects a watercourse, or any tributary thereto, which is or contributes to a source of public drinking water, a copy of the registration has been filed with the appropriate water utility and the Department of Public Health via email at DPH.SourceProtection@ct.gov.

Attachment F: Qualified Professional Certification

The following certification must be signed by a professional engineer, licensed to practice in Connecticut, or a Licensed Environmental Professional, or a Certified Hazardous Materials Manager. For short-term discharges of 30 days or less, the following certification is not required.

I have, at a minimum, completely and thoroughly reviewed the General Permit for the Discharge of Groundwater Remediation Wastewater and the following regarding the discharges to be authorized under this general permit: (i) all registration information provided in accordance with Section 4(c)(2) of this general permit, (ii) the facility, based on a site inspection, (iii) compliance records, (iv) all wastewater collection and treatment systems and monitoring equipment, including any plans and specifications, operating records and any Department approvals regarding such wastewater collection and treatment systems and monitoring equipment;

Based on the review described above and in Section 3(b)(16)(C) of the General Permit for the Discharge of Groundwater Remediation Wastewater, any treatment or Best Management Practices are adequate to assure that the activity to be authorized under such general permit will comply with the terms and conditions of such general permit and all wastewater collection and treatment systems and monitoring equipment: (i) have been designed and installed to control pollution to the maximum extent achievable using measures that are technologically available and economically practicable, (ii) will function properly as designed based on visual inspection, compliance and operating records, and (iii) are adequate to ensure compliance with the terms and conditions of this general permit;

"I hereby certify that I am a Qualified Professional as defined in the General Permit for the Discharge of Groundwater Remediation Wastewater and as further specified in Section 3(b)(16) of such permit. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by INSERT NAME OF REGISTRANT for an activity located at INSERT PROJECT ADDRESS OR ACTIVITY .

I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(16)(C) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(16)(D) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I understand that this certification may be subject to an audit by the commissioner in accordance with Section 22a-430b of the Connecticut General Statutes, and I agree to cooperate with the commissioner should such an audit be required, including, but not limited to providing information as may be requested in writing by the commissioner in connection with any such audit. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

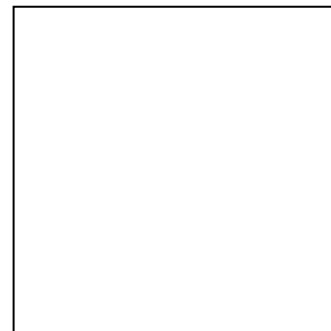
Signature of Qualified Professional

Date

Printed Name of Qualified Professional

P. E. Number (if applicable)

Affix P. E. Stamp Here (if applicable)



Application No. _____
Permit No. _____

**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

Screening Form

General Permit for the Discharge of Groundwater Remediation Wastewater

Site Name: _____

Address: _____

Screening results shall be recorded on this form as required pursuant to Section 5 of this general permit.

The parameters in the table below are a general permit minimum. Additional parameters may be required, dependent on the requirements of Section 5 of the general permit. Parameters not required shall be marked "NA". The table is formatted to provide an unlimited amount of rows. For additional rows, press the tab key at the end of the last row. The header row will appear in each additional page.

Date Sampled:		DSN:	
Parameter	Result	Additional Parameters	Result
Daily Flow; if applicable			
Total Volatile Organic Compounds (VOCs)			
Oil & Grease – Hydrocarbon Fraction or Total Petroleum Hydrocarbons			
MTBE			
Cadmium, Total			
Cobalt, Total			
Copper, Total			
Iron, Total			
Lead, Total			
Mercury, Total			
Nitrogen, Total			
Phosphorous, Total			
pH			
Temperature			
Total Settleable Solids			
Total Suspended Solids			
Zinc, Total			

Results to be maintained on site and submitted as required pursuant to Section 5(a) of this general permit with one exception:

The results of the initial screening analysis required pursuant to Section 5(a) of this general permit must be submitted on this form and attached to the registration form (DEEP-WPED-REG-027) as part of the general permit registration process.

Submit to: DMR SECTION (Except for monitoring submitted as part of the General Permit registration process.)
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET, HARTFORD, CT 06106-5127

"I certify that 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 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 General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I also certify that this form is complete and accurate as prescribed by the commissioner without alteration of the text."

Signature of Person Completing Form _____

Date _____

Name of Person Completing Form (print or type) _____

Title (if applicable) _____