Part 1 Application Form

Engineered Control Variance

**DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION**

**BUREAU OF WATER PROTECTION AND LAND REUSE**

## 

REMEDIATION DIVISION [www.ct.gov/deep/remediation](http://www.ct.gov/deep/remediation)

Please complete this application to apply for a variance to use an engineered control of polluted soils as required pursuant to the Remediation Standards Regulations, section 22a-133k-2(f)2 (RSRs) of the Regulations of Connecticut State Agencies. *Attach all information as indicated by the pertinent sections of this form.* All sections of this form must be filled out, as applicable.

The Part 1 Application Form must be [submitted electronically](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Transmittal-of-Documents) by uploading the document to the Connecticut [Secure File Transfer (SFT) website](https://sft.ct.gov/) using the [Electronic Document Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx) ([embedded as the first page](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Transmittal-of-Documents#pdf) of the electronic document).

**Site Information** Rem ID#:

|  |
| --- |
| Site Name:  Site Address:  City/Town:State: Zip Code:  Name of Environmental Professional:  Name of Certifying Party or Property Owner (as appropriate):    Name of Property Owner, if different from Certifying Party:    Name of DEEP Case Manager: |

**Program Information & Current Status of Oversight (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Information | | Current Status of Oversight | |
|  | Transfer Program (22a-134a) |  | DEEP lead oversight |
|  | Voluntary Remediation (22a-133x or 22a-133y) |  | LEP lead oversight |
|  | DEEP Enforcement Action |  | Not yet designated |
|  | Other (Specify) | | |

**Justification (check only one box)**

|  |  |
| --- | --- |
|  | Cost of remediation would be significantly greater than the cost of installing and maintaining an Engineered Control and outweighs the risk associated with failure |
|  | Remediation is not technically practicable |
|  | Commissioner authorized the disposal of solid waste or polluted soil |
|  | Removal would create an unacceptable risk |

**Criteria (check all that apply)**

|  |  |
| --- | --- |
|  | Contaminated soils exceed Pollutant Mobility Criteria |
|  | Contaminated soils exceed Direct Exposure Criteria |

Nature of Request (check all that apply)

Note: Separate applications must be submitted for Engineered Controls that do not meet the following criteria:

|  |  |
| --- | --- |
|  | Application is limited to one release area |
|  | Application deals with multiple contiguous release areas |
|  | Application is limited to one type of Engineered Control |
|  | Application deals with multiple types of contiguous Engineered Controls |

Background Information (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | | Found on Page(s) |
|  | Classes of contaminants |  |
|  | Nature of the release |  |
|  | Summarizes Phase I, II and III reports relevant to the Engineered Control |  |
|  | Presents interim remedial measures related to the area subject to the Engineered Control |  |
|  | Stand-alone document (sufficient for review of application) | **-----------** |

Conceptual Engineered Control (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | | Found on Page(s) |
|  | Lists remedial criteria and RSR citations to be addressed by requested variance |  |
|  | Proposes a specific approach for the Engineered Control for consideration |  |
|  | Concepts being presented are based on proven engineering practices |  |
|  | Would require minimum maintenance |  |

Supporting Documentation

|  |  |  |
| --- | --- | --- |
| The following items are critical to aid CT DEEP review, please note the page numbers where this information supporting each conclusion is found. | | Found on Page(s) |
|  | The nature and extent of contamination in the areas subject to the Engineered Control have been investigated in accordance with prevailing standards and guidelines and are appropriately defined in the Conceptual Site Model |  |
|  | Contaminants related to other release areas on the site will not impact the integrity or operation of the Engineered Control |  |
|  | The Engineered Control will not prevent the proper remediation of those other releases |  |
|  | Failure of the Engineered Control would not pose an unacceptable short-term risk to human health or the environment |  |
|  | Proposed Engineered Control is consistent with both the proposed on-site and current off-site land uses |  |
|  | A survey and assessment of potential receptors has been completed |  |
|  | Risks posed to potential receptors by the contamination associated with the area subject to the Engineered Control have been addressed. |  |
|  | Property owner acknowledges and consents to the EC and EUR |  |

Note: the listed items above are not all inclusive of the discussion/documentation required in the various submissions required in an Engineered Control Application.

Applicant Certification

|  |  |  |
| --- | --- | --- |
| “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 understand that a false statement made in the submitted information may be punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes and any other applicable law”. | | |
|  |  |  |
| Signature of Applicant | Date |
|  |  |  |
| Name of Applicant (print or type) | | Title (if applicable) |
| Representing:  Mailing Address:  City/Town:State: Zip Code:  Phone: Email: | | |

Environmental Professional Certification (Optional)

|  |  |  |  |
| --- | --- | --- | --- |
| "I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge and belief: | | | |
|  |  | |  |
| Name of Environmental Professional |  | | License Number (if LEP or PE) |
|  |  | |  |
| Signature of Environmental Professional |  | | Date |
| Company:  Address:  City/Town:  State:  Zip Code:  Phone: | | | |
| Email: | | | |
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