**Electronic Transmittal Form for DEEP Remediation, LUST, and PCB Secure File Transfer (SFT)**

DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION

REMEDIATION DIVISION, PCB PROGRAM, AND

LEAKING UNDERGROUND STORAGE TANK COORDINATION PROGRAM

[**www.ct.gov/deep**](http://www.ct.gov/deep)

This Electronic Transmittal Form must be completed and included as the cover sheet of your electronic document when uploading a document to the Connecticut SFT website. Requirements for Transmittals through the SFT website:

* Documents submitted through the SFT website must include all applicable figures, tables and laboratory data.
* Files must be formatted as PDF/A and use the appropriate naming convention:
  + For Remediation Filings: **REM\_REMID #\_SiteAddress\_Town\_DocumentType****\_DateofDocument**
  + For LUST Filings: **LUST\_SiteAddress\_Town\_AbbreviationForDocumentType\_DateofDocument**
  + For PCB Filings: **PCB\_SiteAddress\_Town\_AbbreviationForDocumentType\_DateofDocument  
    Example:** LUST\_1MainStreet\_Hartford\_ESA\_01-01-2001 **Note:** For **“**AbbreviationForDocumentType” use appropriate abbreviation at [Transmittal of Documents](https://portal.ct.gov/DEEP/Remediation--Site-Clean-Up/Transmittal-of-Documents#LUST)
* If no Rem ID assigned (new filing) or REM ID is unknown leave field blank

**Part I: Primary Recipient\*:** REM, PCB or LUST(\* required)

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| For Remediation documents:  Primary Program\*: Select a Program  Rem ID\*: | For PCB/LUST documents:  UST Facility ID:       (if applicable)  Spill Case Number:       (if known) |

**Part II: Site Information**

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| Site Name\*:  Site Address\*:  City/Town\*:       State: CT Zip Code: |
| Secondary Programs (complete as many as applicable for this document):  Program: Select Secondary Program Project ID:  Program: Select Secondary Program Project ID:  Program: Select Secondary Program Project ID:  Program: Select Secondary Program Project ID:  Provide Project ID for each secondary program if it is known.  Each program has a unique ID (i.e. Rem ID, Spill Case #, UST Facility ID, etc.) |

**Part III: Document Information** (document type required for appropriate program[s] only)

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| Remediation\*: Remediation Document Type  LUST/PCB\*: LUST/PCB Document Type  Date of Document\*: Select Date Version: Select version |

**Part IV: Submitter Information**

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| Name\*:  E-mail\*:  Name of business this document is being submitted on behalf of and contact person email: \* |