**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 ProgramRem 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 TypeLUST/PCB\*: LUST/PCB Document TypeDate 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: \*      |