



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Emergency Response & Spill Prevention Division

DEEP Use Only
Date of Receipt: _____
File: _____

Notification Form to Transfer a Floating Boom Retention Device

If an existing boom or other approved device require transfer/removal due to weather, wind, sea or ice conditions, this completed form must be submitted by a marine terminal operator prior to transfer or removal of such device. (Section 22a-457a of the Connecticut General Statutes (CGS)) Submit this completed form by email to:

DEEP.MarineTerminals@ct.gov

Part I: Terminal Operator Information

1. Terminal Business Name:			
Terminal License No.:			
Physical Location 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 notification. 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>			
2. Mailing Address:			
City/Town:	State:	Zip Code:	
3. Responsible Terminal Operator:			
Business Phone:			
ext.:			
*E-mail:			
4. Alternate Terminal Operator:			
Business Phone:			
ext.:			
*E-mail:			

Part II: Reporting Information

Vessel Name:	
Date of Report:	Time of Report:
Other:	

Part III: Conditions Summary

Indicate the condition(s) that existed or developed after deployment that required the removal of the boom or other approved device.

- | | |
|--|---|
| <input type="checkbox"/> Weather | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Highwater |
| <input type="checkbox"/> Sea state or current velocity(specify): | <input type="checkbox"/> Other (specify): |

Part IV: Certification of Accuracy

"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 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."

"By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above."

Signature of Terminal Operator

Date

Printed Name of Terminal Operator

Submit this completed form by email to: DEEP.MarineTerminals@ct.gov