



## LWRD License Application Form B

### Aquifer Protection Area Permit

This permit form, LWRD License Application Form B, Aquifer Protection Area Permit (DEEP-LWRD-APP-001B), is to add a regulated activity to a facility where a registered regulated activity occurs or renewing a permit in an Aquifer Protection Area in accordance with section 22a-354i-8 of the Regulations of Connecticut State Agencies (RCSA).

All sections of the LWRD License Application, when applicable, must be posted to the DEEP LWRD FTP site as instructed on Part VII of the [LWRD Transmittal Form](#). See APA [instructions](#) for general guidance.

Application Number as assigned in CPPU e-mail: \_\_\_\_\_

Applicant Name (same name used on Part III of the LWRD Transmittal Form): \_\_\_\_\_

Check one:  New permit       Renewal of existing permit; if renewal, Permit No: \_\_\_\_\_

*Please note that if a renewal, the entire application must be completed and submitted.*

#### Part I: Notifications

The applicant shall simultaneously file a copy of this Aquifer Protection Area Permit application along with the LWRD Transmittal Form to **all three** of the following agencies in accordance with the Regulations of Connecticut State Agencies (RCSA) Section 22a-354i-8(c):

- Municipal Aquifer Protection Agency; (For contacts and mailing addresses refer to the [Connecticut Aquifer Protection Agent Directory](#).)
- Commissioner of Public Health at [DPH.SourceProtection@ct.gov](mailto:DPH.SourceProtection@ct.gov); and
- Affected water company. (For contacts and mailing addresses refer to [Water Company Contact List](#).)

Check to confirm that proof of such notification is submitted as Attachment 2.

#### Part II: Site/Facility Information

**1. Site/Facility Name and Location**

Name of Site : \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Tax Assessor's Reference: Map \_\_\_\_\_      Block \_\_\_\_\_      Lot \_\_\_\_\_

Coordinates of the exact site location in degrees, minutes, seconds format 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 USGS quadrangle name: \_\_\_\_\_

**2. Name of Aquifer Protection Area:** \_\_\_\_\_

**Part II: Site/Facility Information (continued)**

**3. Brief Description of Business Type:** \_\_\_\_\_

**4. License History**

Indicate the number and date of issuance of any previous state permits or certificates issued by DEEP which authorized work at the site, and the names to whom they were issued.

<i>DEEP License/Permit Number</i>	<i>Permit Name</i>	<i>Date Issued</i>	<i>Name of Permittee</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Coastal Boundary**

Is the activity which is the subject of this application located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this application is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment 44.

Information on the coastal boundary is available at the local town hall, or [www.cteco.uconn.edu/map\\_catalog.asp](http://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.)

**6. Natural Diversity Data Base (NDDB) – Endangered, Threatened, and Species of Special Concern Consultation**

Will the activity that is the subject of this application, including all impacted areas, be located within area(s) identified as a habitat for state listed endangered, threatened or special concern species, according to the most current "Natural Diversity Data Base Areas" maps?

Yes  No Map date: \_\_\_\_\_

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDB 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. Include a copy of any mitigation measures developed for this activity and approved by NDDB staff. A copy of the NDDB Final Determination response letter that is not expired must be submitted with this completed application as Attachment 20. Be aware that you must renew your NDDB Determination if it expires before project work commences.

For NDDB maps and more information, visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB staff at 860-424-3011.

**Part II: Site/Facility Information (continued)**

**7. Regulated Activities**

For a full description of each regulated activity, see [RCSA section 22a-354i-1\(34\)](#) and/or [instructions](#).

From the following list and in the appropriate column, check *all* regulated activities that

- a) are **registered** at the site/facility;
- b) are registered **and will continue to be conducted** at the site/facility; and
- c) are not registered, but are **proposed to be conducted** at the facility as an authorized activity.

Regulated Activity	a) registered  ✓	b) registered, and will continue to be conducted  ✓	c) not registered, but proposed to be conducted  ✓
(A) Underground storage or transmission of oil or petroleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Wastewater discharges to ground water other than domestic sewage and stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Car or truck washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Production or refining of chemicals, including without limitation hazardous materials or asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Industrial laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Generation of electrical power by means of fossil fuels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Production of electronic boards, electrical components, or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) Embalming or crematory services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) Furniture stripping operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) Furniture finishing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) Storage, treatment or disposal of hazardous waste under a RCRA permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Biological or chemical testing, analysis or research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(R) Pest control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(S) Photographic finishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(T) Production or fabrication of metal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(U) Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II: Site/Facility Information (continued)**

(V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(W) Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(X) Storage of de-icing chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Z) Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(BB) Pulp production processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III: Best Management Practices**

The applicant **and** the operator, if different from the applicant, must sign this part of the form to certify that the facility is in compliance with the Best Management Practices (BMPs) set forth in RCSA section 22a-354i-9(a). For a full description of the BMPs for regulated activities, see [RCSA section 22a-354i-9\(a\)](#) or [instructions](#).

A registration will be considered incomplete unless the required signatures are provided. Note that electronic signatures are acceptable.

<p>“I certify that the subject facility is in compliance with all the best management practices set forth in RCSA section 22a-354i-9(a). I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices.”</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of RCSA section 22a-354i-9(a)(1).</li> <li><input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with RCSA section 22a-354i-9(a)(2).</li> <li><input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of RCSA section 22a-354i-9(a)(3).</li> <li><input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with RCSA section 22a-354i-9(a)(4).</li> <li><input type="checkbox"/> A Materials Management Plan has been developed in accordance with RCSA section 22a-354i-9(a)(5) and will be implemented upon issuance of a permit.</li> <li><input type="checkbox"/> A Stormwater Management Plan has been developed in accordance with RCSA section 22a-354i-9(b) and will be implemented upon issuance of a permit.</li> </ul>	
_____ Signature of Applicant	_____ Date
_____ Printed Name of Applicant	_____ Title (if applicable)
_____ Signature of Operator (if different than above)	_____ Date
_____ Printed Name of Operator	_____ Title (if applicable)

## Part IV: Supporting Documents

Check the applicable box below for each attachment being submitted with this permit form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment 2, Attachment 12, etc.), be sure to include the registrant's name as indicated on this form, and include the attachments following this form.

NOTE: Attachment numbering is NOT consecutive as the attachments relate to multiple LWRD program applications.

**All attachments listed below are required to be submitted with this completed registration form.**

- Attachment 2: Proof of Notification in the form of a certified mail receipt.
- Attachment 12: Facility Boundary Map  
The location of the facility\*, using street address or other appropriate method of location, and showing the property boundaries of the facility on a 1:24,000 scale United States Geological Survey Topographic Quadrangle Base Map. Indicate the quadrangle name on the map. For sample maps see Figure A and Figure B of the [instructions](#).  
  
\*Note: In accordance with RCSA section 22a-354i-1, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.
- Attachment 20: **Natural Diversity Data Base (NDDB)**  
If the proposed activity is within an NDDB area, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. For NDDB maps and more information, visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB staff at 860-424-3011.  
  
Please note NDDB 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 NDDB Final Determination response letter that has not expired **must** be submitted as Attachment 20. Include a copy of any mitigation measures or management plan developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences.
- Attachment 38: Materials Management Plan  
Refer to the [Model Form for Developing a Materials Management Plan for Regulated Activities in Aquifer Protection Areas](#) for guidance.
- Attachment 39: Stormwater Management Plan and Aquifer Protection Supplement  
Refer to the [Instructions for Developing a Stormwater Management Plan for Regulated Activities in Aquifer Protection Areas](#) and the [Aquifer Protection Stormwater Management Plan Supplement Form](#) for guidance.
- Attachment 41: [Applicant Compliance Information Form](#) (DEEP-APP-002)
- Attachment 43: Other Information, including additional signatures for Applicant Certification.
- Attachment 44: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.

## Part V: Applicant Certification

The applicant and the individual(s) responsible for actually preparing the application must sign this section. An application will be considered incomplete unless all required signatures are provided.

"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.

I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Check here if additional signatures are required. If so, reproduce this sheet and attach signed copies as Attachment 43.

Signature of Applicant	Date
Printed Name of Applicant	Title (if applicable)
Signature of Preparer (if different than above)	Date
Printed Name of Preparer	Title (if applicable)