



DEEP/CPPU USE ONLY	
Reg #	_____
Permit #	_____
APA Name	_____
Doc #:	_____
Check #:	_____
Program: Aquifer Protection Area	

## License Application Form for an Aquifer Protection Area Permit or Permit Renewal

This license application form is for permitting regulated activities or renewing a permit in Aquifer Protection Areas in accordance with section 22a-354i-8 of the Regulations of Connecticut State Agencies (RCSA).

Please complete this form in accordance with the [instructions](#) (DEEP-APAP-INST-100) to ensure the proper handling of your permit. Print or type unless otherwise noted. You must submit the permit fee along with this form.

### Part I: Permit Type

<p>Check the appropriate box identifying the permit type.</p> <p>This permit is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p>	<p>Existing Aquifer Protection Area Registration number: _____</p> <p><i>Please note the entire application must be completed and submitted for a permit renewal.</i></p>
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### Part II: Fee Information

A permit fee of \$1250.00, established by section 22a-6f of the Connecticut General Statutes, shall be submitted with this completed permit form for a new or renewal permit. The permit fee for a municipality shall be \$625.00. A permit application shall not be deemed complete, and no activity will be authorized unless the permit application fee has been paid in full. The permit application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the "Department of Energy and Environmental Protection". There is no fee for modifications.

State Transfer Invoice (Fee will be paid by Inter-Agency Transfer of Funds.)

### Part III: Notifications

The applicant shall simultaneously file a copy of this Aquifer Protection Area Permit Application to **all three** of the following in accordance with the 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 the
- affected water company. (For contacts and mailing addresses refer to [Water Company Contact List](#).)

Check here to confirm that proof of such notification is provided as Attachment A.

## Part IV: Applicant Information

### 1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject permit application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Applicant Type (check one):  individual  \*business entity  federal agency  
 state agency  municipality  tribal

\*If a business entity:

- i) check type:  corporation  limited liability company  limited partnership  
 limited liability partnership  statutory trust  Other: \_\_\_\_\_
- ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at [onlineBusinessSearch \(ct.gov\)](https://onlinebusinesssearch.ct.gov)
- iii)  Check here if you are **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the activity is located:

site/property owner  option holder  lessee  facility owner

easement holder  operator  other (specify): \_\_\_\_\_

- Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

### 2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**Part IV: Applicant Information (continued)**

**3. Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name (and title):

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject permit application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

E-mail:

**5. Facility Operator, if different than the applicant.**

Name (and title):

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**6. Facility Owner, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**Part IV: Applicant Information (continued)**

**7. Site/Property Owner, if different than the applicant.**  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ ext.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
E-mail: \_\_\_\_\_

**8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the permit application or in designing or constructing the activity.**  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ ext.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Service Provided: \_\_\_\_\_

Check here if additional sheets are necessary, and label and attach them to this sheet.

**Part V: Pre-Application Meeting**

**If a pre-application meeting was held concerning the subject activity, provide the following:**  
DEEP Staff Name: \_\_\_\_\_ Pre-Application Meeting Date: \_\_\_\_\_

**Part VI: Site/Facility Information**

**1. Site/Facility Name and Location**  
Name of Site/Facility: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tax Assessor's Reference: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Parcel ID: \_\_\_\_\_  
Coordinates of the exact street address 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: \_\_\_\_\_

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

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

3. Name of Affected Water Company: \_\_\_\_\_

4. Brief Description of Business Type: \_\_\_\_\_

**5. License History**

Indicate the number and date of issuance of any previous state licenses issued by DEEP 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Part VI: Site/Facility Information (continued)

### 8. 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 are:

- a) **registered** at the site/facility, and
- b) **registered and will continue to be conducted** at the site/facility; and
- c) not registered and **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, and proposed to be conducted
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(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"/>
(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 VII: 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 Appendix B in the [instructions](#).

An application 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>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Printed Name of Applicant	<hr/> Title (if applicable)
<hr/> Signature of Operator (if different than above)	<hr/> Date
<hr/> Printed Name of Operator	<hr/> Title (if applicable)



## Part VIII: Supporting Documents

Check the applicable box below for each attachment submitted with this permit application form. To submit supporting documents, please label the documents as indicated in this part (e.g., Attachment A, Attachment B, etc.). Be sure to include the applicant's name as indicated on this form and include the attachments following this form.

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

Attachment A: Proof of Notification in the form of a certified mail receipt or email receipt.

Attachment B: Facility Boundary Maps

The location of the facility\* using street address or other appropriate method of location and showing 1) the property boundary of the facility on a 1:24,000 scale United States Geological Survey (USGS) Topographic Quadrangle Base Map, 2) the property boundary of the facility on a 1:6,000 scale USGS Topographic Quadrangle Base Map, and 3) a parcel map showing the property boundary with the parcel ID labeled. Indicate the quadrangle name on the USGS maps. For examples, see Figures B1, B2, and B3 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 C: Materials Management Plan

Refer to the [Model Form for Developing a Materials Management Plan for Regulated Activities in Aquifer Protection Areas](#) for guidance.

Attachment D: 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 E: Other Information, including additional signatures for Applicant Certification.

Attachment F: [Applicant Compliance Information Form](#) (DEEP-APP-002)

## Part IX: Applicant Certification

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

<p>“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.</p> <p>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.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Printed Name of Applicant	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Printed Name of Preparer	<hr/> Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, reproduce this sheet and attach signed copies as Attachment F.	

Please submit this completed Permit Application Form and Fee to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

- Upon receipt of the *License Application Form for an Aquifer Protection Area Permit* and fee, the Central Permit Processing Unit (CPPU) will email a confirmation receipt letter to you containing the DEEP assigned application number.
- Upon receipt of the confirmation email from CPPU, electronically submit the full application package along with all attachments to [DEEP.AquiferProtection@ct.gov](mailto:DEEP.AquiferProtection@ct.gov).