



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

License Application Form for an Aquifer Protection Area Registration or Renewal

This license application form is for registering regulated activities or renewing a registration in Aquifer Protection Areas in accordance with section 22a-354i-7 of the Regulations of Connecticut State Agencies (RCSA).

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

Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for (check one): <input type="checkbox"/> A <i>new</i> registration <input type="checkbox"/> A <i>renewal</i> of an existing registration <input type="checkbox"/> A <i>modification</i> of an existing registration	For renewals or modifications: Existing aquifer protection registration/permit number: _____
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Part II: Fee Information

A registration fee of \$625.00, established by section 22a-6f of the General Statutes, shall be submitted with this completed registration form for new or renewal registrations. The registration fee for a municipality shall be \$312.50. A registration shall not be deemed complete, and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration 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 registrant shall simultaneously file a copy of this Aquifer Protection Area Registration Application to **all three** of the following in accordance with the Regulations of Connecticut State Agencies (RCSA) Section 22a-354i-7(b)(1):

- 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; and
- 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: Registrant Information

1. Registrant 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 registration. 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) Registrant 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 \(ct.gov\)](http://onlineBusinessSearch.ct.gov)

- iii) Check here if you are **NOT** registered with the Secretary of State's office.

- b) Registrant'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-registrants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the registrant.

Name: _____

Mailing Address: _____

City/Town: _____

State: _____ Zip Code: _____

Business Phone: _____

ext.: _____

Contact Person: _____

Phone: _____ ext. _____

E-mail: _____

Part IV: Registrant Information (continued)

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

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 registration. 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 registrant.

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 registrant.

Name: _____

Mailing Address: _____

City/Town: _____

State: _____ Zip Code: _____

Business Phone: _____

ext.: _____

Contact Person: _____

Phone: _____ ext. _____

E-mail: _____

Part IV: Registrant Information (continued)

7. Site/Property Owner, if different than the registrant.
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 registration 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: _____

4. 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. Are you registering a *vacant site or an inactive site*? Yes No

Note that if you are registering a *vacant site or an inactive site* where no regulated activity is currently taking place, you must complete the entire form, including the certification in Part VII of this form, stating that applicable best management practices are being met at the site.

3. Name of Aquifer Protection Area: _____

4. Name of Affected Water Company: _____

5. Brief Description of Business Type: _____

6. License History

Indicate the number and date of issuance of any previous state permits 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)

7. Regulated Activities

From the following list, check *all* regulated activities being conducted at the facility. Note only certain facilities need to register regulated activities with DEEP, please see page 2 of the [instructions](#) for further detail. For a full description of each regulated activity see [RCSA section 22a-354i-1\(34\)](#) or Appendix A of the [instructions](#).

- (A) Underground storage or transmission of oil or petroleum
- (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- (C) On-site storage of hazardous materials for the purpose of wholesale sale
- (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- (E) Salvage operations of metal or vehicle parts
- (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- (G) Car or truck washing
- (H) Production or refining of chemicals, including without limitation hazardous materials or asphalt
- (I) Clothes or cloth cleaning service (dry cleaner)
- (J) Industrial laundry service
- (K) Generation of electrical power by means of fossil fuels (power plants)
- (L) Production of electronic boards, electrical components, or other electrical equipment
- (M) Embalming or crematory services
- (N) Furniture stripping operations
- (O) Furniture finishing operations
- (P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)
- (Q) Biological or chemical testing, analysis or research
- (R) Pest control services
- (S) Photographic finishing
- (T) Production or fabrication of metal products
- (U) Printing, plate making, lithography, photoengraving, or gravure
- (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEEP General Permit)
- (W) Production of rubber, resin cements, elastomers or plastic
- (X) Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)
- (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
- (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- (BB) Pulp production processes

Part VII: Best Management Practices

The registrant **and** the operator, if different from the registrant, 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](#). 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"><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of RCSA section 22a-354i-9(a)(1).<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).<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).<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).<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.<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.	
Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Operator (if different than above)	Date
Name of Operator (print or type)	Title (if applicable)

Part VIII: Supporting Documents

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

All attachments listed below are required to be submitted with this completed registration 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 Registrant Certification.

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

Part IX: Registrant Certification

The registrant **and** the individual(s) responsible for preparing the registration must sign this part. A registration 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 registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, reproduce this sheet and attach signed copies as Attachment E.	

Please submit this completed Registration Form and Fee to:

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

Please also submit an electronic copy of this completed registration and all supporting documents to:

DEEP.AquiferProtection@ct.gov.