



Permit Application for a Stewardship Permit

Please complete this form in accordance with the instructions (DEP-STWD-INST-500) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the initial fee along with this form.

DEP USE ONLY	
Application No.	_____
Permit No.	_____

Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> application</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>Please identify any previous or existing permit number in the space provided.</p> <p>Existing permit number:</p> <p>EPA Identification number:</p>
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Part II A: Permit Type and Fee Information

Type of Stewardship Permit	Initial Fee (Application Fee)	Annual Fee	Renewal Fee
Check all that apply:			
<input type="checkbox"/> Closure and Corrective Action	\$4,000.00	\$3,000.00	\$4,000.00
<input type="checkbox"/> Corrective Action	\$4,000.00	\$3,000.00	\$4,000.00
<input type="checkbox"/> Long-term Obligations	\$4,000.00	\$3,000.00	\$4,000.00
<input type="checkbox"/> RCRA Hazardous Waste Land Disposal Facility	\$4,000.00	\$3,000.00	\$4,000.00
<input type="checkbox"/> Solid Waste Land Disposal Facility	\$4,000.00	\$4,000.00 for MSW \$2,950.00 for Special or Bulky Waste	\$4,000.00
<input type="checkbox"/> Corrective Action Management Unit (CAMU)	\$4,000.00	\$3,000.00	\$4,000.00

Part II B: Permit Modification and Fee Information

Note: If you are seeking a permit modification, you should consult with the Bureau of Materials Management and Compliance Assurance at (860) 424-3372 for specific requirements on modifications prior to submitting a permit application to determine what materials you will be required to submit for your type of modification.

Type of Permit Modification for a Stewardship Permit	Initial fee
Check the appropriate box:	
<input type="checkbox"/> Class I Permit Modification Not Requiring Approval of the Commissioner	\$470.00
<input type="checkbox"/> Class I Permit Modification Requiring Approval of the Commissioner	\$940.00
<input type="checkbox"/> Class II or Class III Permit Modification	\$4,000.00

Part III: Applicant Information

1. **Applicant:** Complete the information on the Applicant as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

Property Interest: Check the appropriate boxes that represents the Applicant's interest in property at which the proposed activity is to be located:

site owner

option holder

lessee

easement holder

operator

other (specify)

Check here if there are co-applicants. If so, label and attach additional sheet(s) with the required information as requested above.

2. Primary contact for this application if not contact person named in (1) above (e.g., environmental consultant, engineer, etc.):

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

cell:

Fax:

Attorney Name:

Email address:

4. List the owner of the site, if applicable:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

Part III: Applicant Information (continued)

5. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email address:

Service Provided:

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

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Site(if applicable):

Street Address or Location Description:

City/Town:

State:

Zip Code:

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:

Latitude:

Longitude:

Method of determination (check one): GPS USGS Map

Other (please specify):

If a USGS Map was used, provide the quadrangle name:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? Yes No

3. **COASTAL AREA:** Is the proposed activity located within the coastal boundary as delineated on DEP approved coastal boundary maps? Yes No

If yes, and this application is for a new facility or modification for an existing facility, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment D.

4. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? Yes No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form* (DEP-APP-007) to the address specified on the form. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. DEP strongly recommends that applicants complete this process before submitting the subject application.**

When submitting this **application** form, include copies of any correspondence to and from the NDDB, including copies of the completed *CT NDDB Review Request Form*, as Attachment E.

For more information visit the DEP website at www.ct.gov/dep/angeredspecies (Review/Data Requests) or call the NDDB at 860-424-3011.

Part V: Site History/ Waste Management History (continued)

4. Have releases been reported to the CT DEP Emergency Response and Spills Prevention Division?
 Yes No

If yes, list the date of the release, the material and quantity released:

5. Have transfer forms been previously filed with the CT DEP Property Transfer Program? Yes No

If yes, list form(s) and date submitted:

6. List the CT DEP staff involved with the environmental investigation and/or remediation of the site:

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

Part VI: Environmental Investigation

This part of the application shall be completed by applicants who have completed an environmental investigation and are applying for either a "Closure and Corrective Action" or a "Corrective Action" Stewardship Permit. If the information requested in this part of the application has been previously submitted to the DEP or EPA, the information required by this part of the application may be satisfied by providing a list of the documents and dates submitted as Attachment T.

1. Field Investigation / Environmental Assessment:

a. Date(s) performed: Phase 1: _____ Phase 2: _____ Phase 3: _____

b. Indicate **number of** potential release areas identified, tested and where a release was detected:

Identified: _____ Tested: _____ Release Detected: _____

2. Soil Investigation:

a. Indicate the number of soil samples screened in the field for contaminants?

Indicate the number of soil samples analyzed by a State or EPA certified laboratory for contaminants?

b. Specify the techniques used for surface soil investigation.

c. Specify the techniques used for subsurface soil investigation :

3. Ground Water Investigation:

a. Indicate the number of groundwater samples analyzed:

Indicate the number of rounds of sampling used in the investigation?

b. Indicate the number of monitoring wells used to investigate the ground water?

For each well, list the well number, type of well, and geologic unit that the well is screened in or open to. Check here if additional sheets are necessary, and label and attach them to this sheet.

Well Number

Well Type

Geologic Unit

Example: MW_1

2 inch

screened from 15 ft to 25 ft

Part VI: Environmental Investigation (continued)

c. Indicate the number of other types of wells used to investigate groundwater?

Provide the type, address, and geologic unit for each well.

Well Type and Number

Well Address

Geologic Unit

Example: *DW-1 6 inch domestic well*

15 Main Street

Bedrock

d. Is the extent of each ground water plume resulting from releases at the site fully characterized?

Yes No

e. What techniques were used to investigate the groundwater? (check all that apply)

Ground water quality testing

Pump testing

Geophysical logging

Other techniques (specify):

4. Indicate the phases of remediation completed to date and the date each phase was completed:

Investigation

Date completed:

Remedial Design

Date completed:

Remediation

Date completed:

Post-remedial Monitoring

Date completed:

Part VII: Supporting Documents

Please check the attachments submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*. Refer to Appendix A of the application instructions (DEP-STWD-INST-500) for a list of supporting documents required to be submitted for each class of Stewardship Permit.

- Attachment A: Executive Summary
- Attachment B: *Applicant Background Information* (DEP-APP-008)
- Attachment C: *Applicant Compliance Information* (DEP-APP-002)
- Attachment D: *Coastal Consistency Review Form* (DEP-APP-004), if applicable.
- Attachment E: CT NDDB Information, if applicable.
- Attachment F: Conservation or Preservation Restriction Information, if applicable.
- Attachment G: Business Information
- Attachment H: Facility Plans:
 - An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site and *Latitude and Longitude* (DEP-APP-003). Indicate the quadrangle name on the map.
 - Facility Site Plan
- Attachment I: RCRA Hazardous Waste Part A Permit Application
- Attachment J: List of Solid Waste Management Units/Areas of Concern
- Attachment K: Closure Plan and Cost Estimate
- Attachment L: Post-Closure Plan and Cost Estimate
- Attachment M: Post-Remediation Groundwater Monitoring Plan and Cost Estimate
- Attachment N: Site Characterization Plan and Cost Estimate
- Attachment O: Remedial Action Plan(s) and Cost Estimate(s)
- Attachment P: Financial Assurance
- Attachment Q: Public Participation Plan
- Attachment R: Quality Assurance Project Plan or if previously approved, provide a copy of the approval issued by either the DEP or EPA.
- Attachment S: Copy of *Environmental Conditions Assessment Form (ECAF)*, if applicable
- Attachment T List of documents and dates previously submitted to support "Part VI: Environmental Investigation" of this application, if applicable.

Part VIII: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

<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> <p>I certify that I will comply with all notice requirements as listed in section 22a-6g of the General Statutes.”</p>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Name of Applicant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit the Permit Application Transmittal Form, Completed Application Form, Fee, and all Supporting Documents to:

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

Please remember to publish notice of the permit application immediately after submitting your completed application to DEP and send a copy of the notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEP with the “Certification of Notice Form (DEP-APP-005A)” and an affidavit of publication from the newspaper.