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**CPPU USE ONLY**

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**Program/Environmental Interest: See Below**

# RENEWAL Application for a Permit to Construct and Operate a Solid Waste Facility

Use the [*Instructions for Completing the Renewal Application to Construct and Operate a Solid Waste Facility*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/swfrenewalinstpdf.pdf) ([DEEP-SW-INST-106](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/renwalsolidwastepdf.pdf?la=en)) to assist in completing this form. Print or type unless otherwise noted. Your submittal to DEEP must include: This completed *Permit Application Form* (DEEP SW-APP-106) and all required supporting documents, including a copy of the published notice of permit application and the completed [*Certification of Notice Form*](https://portal.ct.gov/DEEP/Permits-and-Licenses/Common-Forms) and the fee.

**A renewal application cannot include any proposed changes to the existing design, capacity, process or operation of the facility, including the Facility Plan engineering drawings and the Operation and Maintenance Plan, that would require a modified permit pursuant to section 22a-208a(d)(1) of the Connecticut General Statutes (“CGS”).** For those proposed modifications, a pre-application meeting must be scheduled by contacting the Bureau of Materials Management and Compliance Assurance at 860-424-3366. If you are seeking to transfer ownership of an existing solid waste facility license, you must use the [*License Transfer Form*](https://portal.ct.gov/DEEP/Permits-and-Licenses/Common-Forms#permittransfer) (DEEP-APP-006).

# Part I: Permit Type

1. In the table below, check only one box in the left column to identify the type of solid waste facility for which you currently hold a permit. Provide the existing permit number and expiration date. Complete one permit application for each solid waste facility requiring a permit renewal.

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| --- | --- | --- | --- | --- | --- |
| **√** | **Solid Waste Facility Types**(Check the type of permit you are renewing) | **Renewal Fee** | **Permit No.** | **Expiration Date** | DEEP Use Only |
| **PROG/REV. ID** |
| **Volume Reduction Plants** |
| [ ]  | Construction and Demolition Waste Processing Facility <100 tons/day  | $660.00 |  |  | Volume reduction plant/[**2098**] |
| [ ]  | Construction and Demolition Waste Processing Facility >100 tons/day  | $660.00 |  |  | Volume reduction plant/[**2097**] |
| [ ]  | Intermediate Processing Center  | $660.00 |  |  | Volume reduction plant/[**2094**] |
| [ ]  | Land Clearing/Clean Wood Processing Facility  | $660.00 |  |  | Volume reduction plant/[**2095**] |
| [ ]  | Source-Separated Organic Material Composting Facility <100 tons/day  | $330.00 |  |  | Volume reduction plant/[**310**] |
| [ ]  | Source Separated Organic Composting Facility >100 tons/day  | $330.00 |  |  | Volume reduction plant/[**2092**] |
| [ ]  | Resources Recovery Facility | $1,400.00 |  |  | Volume reduction plant/[**308**] |
| [ ]  | Sludge Processing Facility | $660.00 |  |  | Volume reduction plant/[**2096**] |

# Part I: Permit Type (continued)

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| **√** | **Solid Waste Facility Types**(Check the type of permit you are renewing) | **Renewal Fee** | **Permit No.** | **Expiration Date** | DEEP Use Only |
| **Volume Reduction Plants** |
| [ ]  | All Other Volume Reduction PlantsRefer to instructionsSpecify:  | $660.00 |  |  | Volume reduction plant/[**311**] |
| **Transfer Stations** |
| [ ]  | Transfer Station < 75 tons/day | $660.00 |  |  | Transfer facility/[**309**] |
| [ ]  | Transfer Station > 75 and < 150 tons/day | $660.00 |  |  | Transfer facility/[**309**] |
| [ ]  | Transfer Station > 150 tons/day | $660.00 |  |  | Transfer facility/[**309**] |
| **Biomedical Waste Treatment Facility** |
| **[ ]**  | Biomedical Waste Treatment Facility | $660.00 |  |  | Volume reduction plant/[**312**] |
| **Existing Permit Information** |
| 2. Town where the facility is located : 3. Brief description of Operations/Activities:  |
| 4. Additional Permit Information |
| If the facility is licensed by any other Solid Waste or Hazardous Waste individual permit, general permit or an emergency or temporary authorization, provide: |
| **Permit or Authorization Number(s)** | **Expiration Date** | **License Type** (Individual Permit, General Permit, Emergency Authorization, Approval letter) |
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## Part II: Public Notice Information

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| **PUBLIC NOTICE INFORMATION** |
| The public notice of application must be published ***prior*** to submitting an application, as required in section 22a-6g of the CGS. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will **not** be processed if Attachment AA is not included. | **Date of Publication** |  |

#  Part III: Applicant Information

* *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant’s name shall be stated* ***exactly*** *as it is registered with the Secretary of State.*  *Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP.* This information can be accessed at *the Secretary of State's database (*[**CONCORD**](https://www.concord-sots.ct.gov/CONCORD/)*)***.**
* *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last name; Suffix (Jr, Sr, II, III, etc.)*.*If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the* [*Request to Change Company/Individual Information*](https://portal.ct.gov/-/media/DEEP/permits_and_licenses/common_forms/infochangeCPPUdoc.doc?la=en) *to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.*

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| **1. Applicant**a) 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 DEEP, at this electronic address, concerning the subject application, in addition to receiving notices or documents that are required by law to be sent by certified mail or registered mail. 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. |
| b) Applicant Type (check one):[ ]  individual [ ]  federal agency [ ]  state agency [ ]  municipality [ ]  tribal[ ]  **\***business entity (**\***If a business entity complete i through iii):i) business type: [ ]  corporation [ ]  limited liability company [ ]  limited partnership [ ]  limited liability partnership [ ]  statutory trust  [ ]  Other:       ii) Secretary of State business ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This information can be accessed at *the Secretary of State's database (*[**CONCORD**](https://www.concord-sots.ct.gov/CONCORD/)*).*iii) [ ]  Check here if your business is **NOT** registered with the Secretary of State’s office. If not registered with the Secretary of State’s office check type:  [ ]  Sole Proprietorship [ ]  General Partnershipc) Applicant's interest in property at which the existing activity is to be located (check all that apply):[ ]  site owner [ ]  option holder [ ]  lessee [ ]  easement holder [ ]  operator [ ]  other (specify):      [ ]  Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above. |

# Part III: Applicant Information (continued)

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| 1. **Billing contact, if different than the applicant.**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:       Fax:      Contact Person:       Phone:       ext.      \*E-mail:      1. **Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      1. **Attorney, if applicable:**

Firm Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Attorney:       Phone:       ext.       |
| 1. **Facility Operator, if different than the applicant:**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Title:      On-Site Phone:       ext.      \*E-mail:      Operator Type (check one):[ ]  Individual [ ]  Private company [ ]  Federal [ ]  State [ ]  Municipal |

# Part III: Applicant Information (continued)

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| 1. **Site Owner (Owner of the property on which the facility is located) if different than the applicant:**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      [ ]  Check here if there are additional owners. If so, label and attach additional sheet(s) with the required information as requested above1. **Connecticut Licensed Professional Engineer (P.E.):**

The applicant must retain the services of a qualified P.E. to review and certify the supporting documentation for the subject facility. Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      Service Provided: 1. **Engineer(s) or other consultant(s) employed or retained to assist in preparing this application.**

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 IV: Site Information**

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| **1. SITE NAME AND LOCATION**Name of Site: Street Address or Location Description:  City/Town:  State:  Zip Code:  |
| **2. CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? [ ]  Yes [ ]  NoIf Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted and labelled as “Conservation or Preservation Restriction Information”. **3.** **WETLAND AREA:** Is the site located in a wetland area? [ ]  Yes [ ]  No**4. GROUNDWATER CLASSIFICATION:** Ground water classification of the site: **5.** **SURFACE WATER BODIES**: Identify surface water bodies which may be impacted: (Attach additional sheets if necessary)Name:  Surface Water Classification: Name:  Surface Water Classification: Name:  Surface Water Classification: Name:  Surface Water Classification:  |

# Part V: Supporting Documents

Select and submit, from the table below, only those documents where minor changes have been made to such documents which were previously submitted and approved by the Department and which do not require the submission of an application to modify the permit. If **no** changes have been made to such documents, the documents may be incorporated by reference in Part VI of this application, with the exception of Attachments AA and A which must be submitted with this application.

Check the appropriate box for each attachment being submitted to verify that *all* applicable attachments have been submitted. When submitting any supporting documents:

* 1. **label each document** with its respective title (e.g., Executive Summary, etc.);
	2. **include the applicant’s** name as entered on Part III of this *Permit Application Form; and*
	3. be sure to read the [instructions](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/swfrenewalinstpdf.pdf) (DEEP-SW-INST-106) for information on completing the following attachments.

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| [ ]  Attachment AA:a copy of the published notice of permit application, as described in the instructions, attached to a completed [*Certification of Notice Form*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Common_Forms/publicnoticeappdoc.doc?la=en) (DEEP-APP-005A) (**required to be submitted**)[ ]  Attachment A:Executive Summary(**required to be submitted**)*The following documents need only be submitted if there have been minor changes since such documents were previously submitted and approved by the department. Please check the appropriate box(es).*[ ]  [*Applicant Compliance Information Form*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Common_Forms/complianceformdoc.doc?la=en) (DEEP-APP-002)[ ]  *Conservation or Preservation Restriction Information, if applicable.* [ ]  [*Background Information*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttHSWAPP101doc.doc) (DEEP-SW-APP-101)[ ]  [*Statement of Consistency with the current Statewide Comprehensive Materials Management Strategy*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttISWAPP102doc.doc)(DEEP-SW-APP-102)[ ]  [*Business Information*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttJSWAPP103doc.doc) (DEEP-SW-APP-103)**[ ]** *List of**all written approvals issued by the Commissioner with associated dates (e.g. “A.6” approvals),* *to be provided**on a separate sheet with a brief description of what was approved and issuance date(s).***Note: If there are proposed changes to any other supporting documentation not listed in this Part, including the previously submitted and approved Facility Plan engineering drawings and Operation and Maintenance Plan, a pre-application meeting must be scheduled to discuss proposed changes. Do not submit revised Facility Plan documents with this application.** |

**Part VI: Documents to be Incorporated by Reference**

Certain supporting documents should be incorporated by reference into a renewal application where there has been **NO** change in such documents previously approved by DEEP and where such documents accurately represent current operations. Do not resubmit such documents unless requested by DEEP. The documents that are eligible for incorporation by reference are listed below.

|  |
| --- |
| Check the appropriate boxes indicating which documents you are proposing to incorporate into this application by reference and provide the latest date that each document was approved by DEEP. **[ ]** Conservation or Preservation Restriction Information Approval Date: **[ ]** [*Background Information*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttHSWAPP101doc.doc) (DEEP-SW-APP-101): Approval Date: [ ]  Applicant [ ]  Owner [ ]  Operator **[ ]** [*Statement of Consistency with the current Statewide Comprehensive Materials Management Strategy*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttISWAPP102doc.doc)(DEEP-SW-APP-102) Approval Date: **[ ]** [*Business Information*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/AttJSWAPP103doc.doc) (DEEP-SW-APP-103) Approval Date: **[ ]** Land Ownership Documents**[ ]** Ownership, control, and use agreements between all parties involved in the project for the Facility**[ ]** Service agreements and/or contracts with markets, users, final disposal sites, or other processing facilities**[ ]** Organization Chart which illustrates the relationship between all parties involved in the ownership and management of the facility.**[ ]** Planning and zoning approval (required only for applications to construct and operate landfills, incinerators, or resources recovery facilities)**[ ]** Facility Plan (not required for applications to construct and operate a solid waste disposal area, e.g. landfill): Approval Date: **[ ]** Engineering Drawings**[ ]** Operation and Management Plan |

**Part VII: Certification**

The applicant, the individual(s) responsible for actually preparing the application and a professional engineer must sign this part. An application will be considered incomplete unless all required original signatures are provided ***and represent the proper signatory authority as specified in Part VII of the*** [***instructions***](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Waste_Permits/swfrenewalinstpdf.pdf)***.*** If the applicant is the preparer, please mark N/A in the spaces provided for the preparer. **(Additional signature pages may be submitted.)**

|  |
| --- |
| I have examined all information in support of this renewal application for a solid waste facility permit for the activities which are the subject of this application, including all supporting documentation. I certify that to the best of my knowledge and belief, with the exception of those documents specifically identified in Part V of this renewal application, that *NO* modifications or changes have been made to the existing design, capacity, process or operation of the existing facility, including the Facility Plan engineered drawings and the Operation and Management Plan, since the most recent date such facility’s operation was authorized by the Department of Energy and Environmental Protection. Only those documents selected in Part V of this application have changes and therefore are being resubmitted to the department for approval. Supporting documentation, specifically identified in Part VI of this application including the facility plan engineered drawings and the Operation and Management Plan, are being incorporated by reference and are not being resubmitted since such documents were previously submitted and approved by the Department of Energy and Environmental Protection. I further certify that I will submit any documents incorporated by reference to this application or any additional information to the Department of Energy and Environmental Protection upon written request.I also certify: [ ]  that I have reviewed the most recent DEEP approved coastal boundary maps in the area where existing activities are authorized and if required have submitted a [*Coastal Consistency Review Form*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Common_Forms/coastalreviewappdoc.doc?la=en)(DEEP-APP-004), as well as the Site Plan and Operation and Management Plan for the facility to the Office of Long Island Sound Programs. Information on the coastal boundary is available at: 1) [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.) or 2) the local town hall or 3) on the “Coastal Boundary Map” available at DEEP Maps and Publications (860-424-3555). If applicable, provide the most recent date of submission of the Coastal *Consistency Review Form to the Office of Long Island Sound Programs      \_\_\_\_\_;*[ ]  that I have reviewed the most recent "[State and Federal Listed Species and Natural Communities Map](https://portal.ct.gov/DEEP/Endangered-Species/Endangered-Species-ReviewData-Requests)" to determine if the existing activities are located within an area identified as a habitat for endangered, threatened or special concern species and if required I have submitted the [Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form](https://portal.ct.gov/DEEP/Endangered-Species/Endangered-Species-ReviewData-Requests) (DEEP-APP-007) to the address specified on the form. *If applicable, provide the most recent date of submission of the CT NDDB Review Request Form:* *\_\_\_\_\_;*[ ]  that I have determined if the site is located within a municipality required to establish [Aquifer Protection Areas](https://portal.ct.gov/DEEP/Aquifer-Protection-and-Groundwater/Aquifer-Protection/Aquifer-Protection-Program), as defined in section 22a-354a through 354bb of the General Statutes (CGS) and if located within a delineated aquifer protection area, I have registered with the municipal Aquifer Protection Agency or the Department of Energy and Environmental Protection. *If applicable, provide the most recent date of submission of registration and specify the agency:      \_\_\_\_\_.*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 application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.I, the Applicant, certify that I will comply with all notice requirements as listed in Section 22a-6g of the General Statutes. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date      |
| Printed Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Preparer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Preparer |  | Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title (if applicable) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Professional Engineer |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DateAffix Stamp |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Professional Engineer |  |  |

Please submit: (1) completed Application Form;

 (2) all required Supporting Documents;

 (3) One copy of the entire package; and

 (4) Fee.

 To: CENTRAL PERMIT PROCESSING UNIT

DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CT 06106-5127

Please remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, within five business days of the date the application is filed with DEEP and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed [*Certification of Notice Form*](https://portal.ct.gov/-/media/DEEP/Permits_and_Licenses/Common_Forms/publicnoticeappdoc.doc?la=en) (DEEP-APP-005A) as Attachment AA to this application.