



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 Water Permitting & Enforcement Division

General Permit Registration Form for Concentrated Animal Feeding Operations (CAFO)

Please complete this form in accordance with the [instructions](#) to ensure the proper handling of your registration. Please print or type unless otherwise noted. A Comprehensive Nutrient Management Plan (CNMP) and the Registration Fee must be submitted with this Registration.

| CPPU USE ONLY | |
|------------------------------|-------|
| App #: | _____ |
| Doc #: | _____ |
| Check #: | _____ |
| Program: Agriculture Permits | |

Part I: Registration Type and Fee Information

| Check all appropriate boxes to identify the registration type: | Fees: |
|---|------------------|
| <input type="checkbox"/> Small CAFO | |
| <input type="checkbox"/> New registration | \$100.00 [#2358] |
| <input type="checkbox"/> Modification of Registration and/or CNMP: Permit No. _____ | \$0 [#2361] |
| <input type="checkbox"/> Medium CAFO | |
| <input type="checkbox"/> New registration | \$250.00 [#2359] |
| <input type="checkbox"/> Modification of Registration and/or CNMP: Permit No. _____ | \$0 [#2361] |
| <input type="checkbox"/> Large CAFO | |
| <input type="checkbox"/> New registration | \$500.00 [#2360] |
| <input type="checkbox"/> Modification of Registration and/or CNMP: Permit No. _____ | \$0 [#2361] |
| Town Location: _____ | |

This 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 or by such other method as the commissioner may allow.

Part II: Surrender or Withdrawal of Existing Permit or Application

1. If you currently hold an individual permit for the discharge(s) you are registering, you must request to surrender the individual permit to be authorized under the subject general permit.
 - a. Do you request to surrender your individual permit? Yes No
 - b. If yes, please provide your individual permit number:

2. If you currently have a pending individual permit application for discharge(s) you are registering, you must withdraw your individual permit application to be authorized under the subject general permit.
 - a. Do you request to withdraw your individual permit application? Yes No
 - b. If yes, please provide your application number:

Part III: Registrant Information

If a registrant 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, 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. ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov))

If a registrant 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](#) 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 DEEP.OPPD@ct.gov . For any other changes, contact the specific program from which you hold a current DEEP license.

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 DEEP, 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 DEEP if your e-mail address changes.

2. Billing contact name (if different than the registrant):

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Part III: Registrant Information (continued)

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

4. Owner of the property on which the CAFO is located, if different than the registrant:

Legal Name of Property Owner:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

5. Engineer(s) or consultant(s) employed or retained to assist in preparing this registration or in designing or constructing the activity:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

*E-mail:

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

Part IV: 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 V: Site Information

1. CAFO NAME:

Primary Address of CAFO:

City/Town:

State:

Zip Code:

*Latitude:

*Longitude:

Watershed:

*Lat/Long of entrance of the production area.

Part V: Site Information (continued)

2. **INDIAN LANDS:** Is or will the CAFO be located on federally recognized Indian lands? Yes No
3. **COASTAL BOUNDARY:** Is there any activity included in, or proposed to be implemented by the CAFO that will be located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, your Comprehensive Nutrient Management Plan must contain provisions to assure compliance with [Connecticut's Coastal Management Act \(CCMA\)](#), sections 22a-92 of the Connecticut General Statutes (CGS), as amended and will not cause adverse impacts to coastal resources as defined in CGS section 22a-93.

Information on the coastal boundary is available at 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 the local town hall or on the "Coastal Boundary Map" available at the [DEEP Store](#) (860-424-3555 or deep.store@ct.gov).

4. **NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is there any activity included in, or proposed to be implemented by, your CAFO in the production area, that will be located within an area identified as a habitat for endangered, threatened or special concern species?
 Yes No Date of Map:

If yes, complete and submit a Request for NDDDB State Listed Species Review through DEEP's ezFile Portal by navigating to [DEEP's website for NDDDB Environmental Reviews](#), prior to submitting this registration. Please note NDDDB review generally takes 4 to 6 weeks and may require the registrant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this registration. A copy of the NDDDB Determination response letter that has not expired *must* be submitted with this completed registration. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences. For more information visit [State Endangered Species Act CGS section 26-310\(a\)](#), [DEEP's website for NDDDB Environmental Reviews](#) or contact the NDDDB at deep.nddbrequest@ct.gov.

5. **AQUIFER PROTECTION AREAS:** Is the CAFO or any portion of the CAFO located within a mapped [Aquifer Protection Area](#), as defined in CGS section 22a-354b? Yes No

If yes, the CAFO owner or operator shall take all necessary precautions to prevent spills or other accidental releases of chemicals or agricultural wastes to the ground and/or water. If a spill or accidental release of chemicals or agricultural wastes occurs, the CAFO owner or operator is required to report the spill to CT DEEP's 24-Hour Emergency Spill Reporting line at 860-424-3338. For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at deep.aquiferprotection@ct.gov.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is there any activity included in, or proposed to be implemented by the CAFO that will be located within a conservation or preservation restriction area?
 Yes No

If yes, your Comprehensive Nutrient Management Plan must contain provisions to assure compliance with CGS section 47-42d where proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be kept on site.

Part VI: Description of CAFO Discharges and Operations

1. In the table below, list each discharge that is the subject of this application. For renewals of existing permits, label each discharge by the same discharge serial number (DSN) stated in the previous permit and provide the existing permit number. For new permits, label each discharge to a surface water consecutively starting with DSN 101 and for discharges to groundwater, label each discharge consecutively starting with DSN 301.

| Discharge serial number (DSN) and existing permit number, if applicable | Source(s) of wastewater contributing to the discharge | Name of receiving surface waterbody or groundwater surface watershed | Surface water or groundwater quality classification | Geographical description of location of discharge point (e.g., 20 ft. north from Bear Bridge) |
|---|---|--|---|---|
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2. Provide a brief general description of the CAFO operation and each existing or proposed discharge. For proposed new discharges, provide a timeline for initiation of the discharge(s) as well as a summary of environmental impact of the proposed discharge. _____

Part VII: Activity Specific Information

1. TYPE AND NUMBER OF ANIMALS:

| Animals | No. in Open Confinement | No. Housed under Roof |
|--|-------------------------|-----------------------|
| <input type="checkbox"/> Mature Dairy Cows | | |
| <input type="checkbox"/> Dairy Heifers | | |
| <input type="checkbox"/> Veal Calves | | |
| <input type="checkbox"/> Cattle (not dairy or veal calves) | | |
| <input type="checkbox"/> Swine (55 lbs. or over) | | |
| <input type="checkbox"/> Swine (under 55 lbs.) | | |
| <input type="checkbox"/> Horses | | |
| <input type="checkbox"/> Sheep or Lambs | | |
| <input type="checkbox"/> Turkeys | | |
| <input type="checkbox"/> Chickens (Broilers) | | |
| <input type="checkbox"/> Chickens (Layers) | | |
| <input type="checkbox"/> Ducks | | |
| <input type="checkbox"/> Other: Specify | | |

Part VII: Activity Specific Information (continued)

2. MANURE, DIGESTATE, LITTER AND/OR OTHER WASTEWATER PRODUCTION AND USE:

a. How much manure, digestate, litter or other wastewater is generated annually by the CAFO?

| | |
|----------------------------------|---------------------------|
| Manure | tons or gallons (specify) |
| Digestate | tons (solids) |
| | gallons (liquids) |
| Litter | tons |
| Other Wastewater Specify: | gallons |

b. Is manure, digestate, litter or other wastewater generated at the CAFO land applied? Yes No

If yes, indicate the total number of acres under the control of the registrant that are available for application:
 _____ acres

c. Check all land application best management practice that are being implemented:

- | | |
|---|---|
| <input type="checkbox"/> Buffers | <input type="checkbox"/> Infiltration field |
| <input type="checkbox"/> Setbacks | <input type="checkbox"/> Grass filter |
| <input type="checkbox"/> Conservation tillage | <input type="checkbox"/> Terrace |
| <input type="checkbox"/> Constructed wetlands | <input type="checkbox"/> Other (specify): |

d. How much manure, digestate, litter or other wastewater produced by the CAFO will be transferred to other persons annually?

| | |
|----------------------------------|---------------------------|
| Manure | tons or gallons (specify) |
| Digestate | tons (solids) |
| | gallons (liquids) |
| Litter | tons |
| Other Wastewater Specify: | gallons |

e. Describe alternative use(s) of manure, digestate, litter or other wastewater, if any:

Part VII: Activity Specific Information (continued)

| 3. TYPE OF CONTAINMENT, STORAGE AND CAPACITY: | | |
|--|---------------------------------|--|
| Type of Storage | Total Number of Days of Storage | Total Capacity (specify gallons or tons) |
| <input type="checkbox"/> Anaerobic Lagoon | | |
| <input type="checkbox"/> Storage Lagoon | | |
| <input type="checkbox"/> Aboveground Storage Tanks | | |
| <input type="checkbox"/> Belowground Storage Tanks | | |
| <input type="checkbox"/> Roofed Storage Shed | | |
| <input type="checkbox"/> Concrete Pad | | |
| <input type="checkbox"/> Under Floor Pit | | |
| <input type="checkbox"/> Other: Specify: | | |
| Total number of acres exposed to precipitation that drain to or are collected in the containment and storage structure(s) reported in the table above: acres | | |
| 4. COMPREHENSIVE NUTRIENT MANAGEMENT PLAN: | | |
| a. Has the registrant attached a Comprehensive Nutrient Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b. Is the registrant implementing the Comprehensive Nutrient Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| c. Has the Comprehensive Nutrient Management Plan been reviewed and signed by a Certified Agricultural Planning Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| d. When was the last review or revision of the Comprehensive Nutrient Management Plan? Date: | | |
| e. If not land applying, describe alternative use(s) of manure, digestate, litter, and/or wastewater: | | |

Part VIII: Supporting Documentation

Check the applicable box below for each attachment being submitted with this registration 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 registrant's name as indicated on this registration form.

- Attachment A: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment B: A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do *not* submit any NDDDB Preliminary Site Assessments with your registration. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- Attachment C: Conservation or Preservation Restriction Information, in applicable.
- Attachment D: A topographic map of the geographic area in which the CAFO is located showing the specific location of the production area and one mile beyond the property boundaries of the CAFO depicting the facility, each discharge location, wells, springs, surface water bodies and drinking water wells listed in public records or otherwise known to the registrant in the map area.
- Attachment E: Comprehensive Nutrient Management Plan
- Attachment F: [NetDMR Subscriber Agreement](#)

Part IX: Registrant Certification

The registrant must sign this part. A registration will be considered insufficient without this certification.

| | |
|--|---|
| <p>“I have personally examined and am familiar with the information submitted in this registration, including all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those 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 Connecticut General Statutes, pursuant to 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text;</p> <p>I also certify under penalty of law that I have read the General Permit for Concentrated Animal Feeding Operations issued by the Commissioner on December 6, 2022; that the discharges which are the subject of this registration are eligible for authorization under such permit; and that I will comply with all schedules and applicable requirements of such permit, including the development and implementation of a site-specific Comprehensive Nutrient Management Plan, reviewed and signed by a Certified Agricultural Planning Specialist.”</p> | |
| _____ Signature of Registrant | _____ Enter Date. Date |
| _____ Enter Name Name of Registrant (print or type) | _____ Enter Title Title (if applicable) |

Part X: Preparer Certification

The individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided. If the registrant is the preparer, please mark N/A in the spaced provided for the preparer.

| | |
|--|--|
| <p>“I have personally examined and am familiar with the information submitted in this registration, including all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those 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 Connecticut General Statutes, pursuant to 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text;</p> <p>I also certify under penalty of law that I have read the General Permit for Concentrated Animal Feeding Operations issued by the Commissioner on December 6, 2022 and that the discharges which are the subject of this registration are eligible for authorization under such permit.”</p> | |
| <hr/> Signature of Preparer (if different than above) | <hr/> Enter Date Date |
| <hr/> Enter Name Name of Preparer (print or type) | <hr/> Enter Title 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. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.</p> | |

This completed registration form and all supporting materials (along with the fee) are to be submitted to:

Central Permit Processing Unit
 Department of Energy and Environmental Protection
 79 Elm Street
 Hartford, CT 06106-5127

An electronic copy of this registration and all attachments must also be submitted to: CAFO.Coordinator@ct.gov