



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

General Permit Registration Form for the Discharge of Domestic Sewage

Print or type unless otherwise noted. You must also submit the registration fee along with this form.

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| CPPU USE ONLY | |
| App #: | _____ |
| Doc #: | _____ |
| Check #: | _____ |
| Program: Industrial General Permits | |

Part I: Registration Type

Check the appropriate box identifying the registration type.

| |
|---|
| This registration is for a: <input type="checkbox"/> New community sewerage system |
| Town where site is located: _____ |
| Brief Description of Project: |

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 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

Part II: Fee Information

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| A fee of \$625.00 #517 is to be submitted with <i>each</i> registration that you are submitting. 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. |
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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.)*

| | | | |
|---|---|---------------------------------------|--|
| 1. Registrant Name: | | | |
| Mailing Address: | | | |
| City/Town: | State: | Zip Code: | |
| Business Phone: | ext.: | | |
| Contact Person: | Phone: | ext. | |
| *E-mail: | | | |
| <p>*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.</p> | | | |
| a) Registrant Type (check one): | | | |
| <input type="checkbox"/> individual | <input type="checkbox"/> federal agency | <input type="checkbox"/> state agency | <input type="checkbox"/> municipality <input type="checkbox"/> tribal |
| <input type="checkbox"/> *business entity (*If a business entity complete i through iii): | | | |
| i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership | | | |
| <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____ | | | |
| ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database (onlineBusinessSearch (ct.gov)). | | | |
| iii) <input type="checkbox"/> Check here if you are NOT registered with the Secretary of State's office. | | | |
| <input type="checkbox"/> Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above. | | | |
| b) Registrant's interest in property at which the proposed activity is to be located: | | | |
| <input type="checkbox"/> site owner | <input type="checkbox"/> option holder | <input type="checkbox"/> lessee | <input type="checkbox"/> easement holder <input type="checkbox"/> operator |
| <input type="checkbox"/> other (specify): _____ | | | |
| 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 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:

*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.

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

2. Average Daily Flow _____ gallons per day

Include, as Attachment A, the calculations indicating how this value was determined.

3. Name of Publicly Owned Treatment Works (sewage treatment plant) receiving discharge:

Part V: Supporting Documents

Incomplete registrations missing any one of the REQUIRED attachments will be rejected for insufficiency.

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: Average Daily Flow Calculation, **REQUIRED**

Attachment B: Community Sewerage System Agreement, **REQUIRED**

Part VI: Registrant Certification

The registrant *and* 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 ***and are the proper signatory authority, in accordance with RCSA §22a-430-3(b)(2)(A)***. If the registrant 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 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 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> | |
| 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, 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 registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) | |

Note: Please submit this completed Registration Form, Fee, and all Supporting Documents to:

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