



Connecticut
**Department of Energy &
Environmental Protection**
WATER PERMITTING & ENFORCEMENT

**General Permit Registration Form
for the General Permit for Point
Source Discharges to Waters of
the State from the Application of
Pesticides**

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

Please complete this form in accordance with Sections 22a-430b. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for a (check all that apply):</p> <p><input type="checkbox"/> <i>New general permit registration, and if applicable:</i></p> <p><input type="checkbox"/> <i>Replacement</i> of an individual permit or an authorization: Provide # _____</p> <p><input type="checkbox"/> <i>New Ownership, Registrant, or Applicator associated with existing general permit registration:</i> Provide # _____</p> <p>Town(s) where site is located: _____</p> <p>Brief description of project:</p>

Part II: Fee Information

<p>A fee of \$200.00 [#1796] is to be submitted with <i>each</i> registration that you are submitting. Each waterbody requires a separate registration. The fee for municipalities is 50% of the above listed rate. 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.</p>

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 Innovative partnerships and Planning 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.

a) Registrant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

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 the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).

iii) Check here if your business is **NOT** registered with the Secretary of State's office.

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:

site owner option holder lessee easement holder operator

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 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 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.

4. List only one owner of the site to be treated:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

5. List the person or company applying the pesticides:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

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: Eligible Activities and Project Types

Eligible activity (as defined by Section 3.1 of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides): *Select all that apply.*

- Mosquito and Other Flying Insect Pest Control – to control public health/nuisance and other flying insect pests that develop or are present during a portion of their life cycle in or above standing or flowing water.
- Weed and Algae Pest Control – to control weeds, algae, and pathogens that are pests in water and at water's edge, including ditches and/or canals, at or near the shoreline of perennial or seasonal watercourses, within stormwater conveyances, or other areas that should be expected to result in the incidental deposition of the pesticide to state waters.
- Animal Pest Control – to control animal pests in water and at water's edge, including ditches and/or canals, at or near the shoreline of perennial or seasonal watercourses, within stormwater conveyances, or other areas that should be expected to result in the incidental deposition of the pesticide to state waters. Animal pests in this use category include fish, lampreys, insects, mollusks, and pathogens.
- Forest Canopy Pest Control – application of a pesticide to a forest canopy to control the population of a pest species (e.g., insect or pathogen) where, to target the pests effectively, a portion of the pesticide unavoidably will be applied over and deposited to water.

Project type (as defined by Section 4.0 of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides): *Select all that apply.*

- Applications of pesticides to state waters by water companies not required to be permitted under Section 22a-66z of the General Statutes.
- Applications of biopesticides.
- Applications of pesticides at the water's edge, including ditches and/or canals, at or near the shoreline of perennial or seasonal watercourses, within stormwater conveyances, or other areas that should be expected to result in the incidental deposition of the pesticide to state waters.

Part VI: Site Information

(For Water companies applying to multiple waterbodies in a single watershed provide a Part VI for each waterbody.)

1. SITE NAME AND LOCATION:

Name of Waterbody:

Street Address or Location Description:

City/Town:

State:

Zip Code:

List Latitude and longitude of the proposed activity in degrees, minutes, and seconds or in decimal degrees for each discharge location:

Latitude:

Longitude:

Method of determination (check one):

- GPS USGS Map Other (please specify):

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

Part VI: Site Information (continued)

2. TRIBAL LANDS: Will the activity which is the subject of this registration be located on federally recognized tribal lands? Yes No

3. COASTAL BOUNDARY: Will the activity which is the subject of this registration be located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed application as Attachment B.

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 (NDDB) - ENDANGERED OR THREATENED SPECIES: According to the most current "[Natural Diversity Data Base Areas Maps](#)", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes No Date of Map:

If yes, complete and submit a Natural Diversity Data Base Review Request using the DEEP's ezFile portal (filings.deep.ct.gov/DEEPPortal/). To get started, create a user account and start a new NDDB filing. Additional information about this new filing process can be found on the NDDB [website](#). **All requests for review must go through the new NDDB portal. Email deep.nddbrequest@ct.gov if you need help.**

Please note if NDDB biologist review is required, it may take 6 to 8 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application.

A copy of the NDDB Determination response letter that has not expired must be submitted with this completed application as Attachment C. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences.

5. AQUIFER PROTECTION AREAS: Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS Section 22a-354a through 22a-354bb?

Yes No If **yes**, check one: Level A or Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA Section 22a-354i-1(34), conducted on this site? Yes No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact [local aquifer protection agent](#) or DEEP to take appropriate actions.

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: Will the activity which is the subject of this registration be located within a conservation or preservation restriction area? Yes No

If 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 as Attachment D.

Part VII: Discharge Information

For Water companies applying to multiple waterbodies in a single watershed provide a Part VII for each waterbody.

1. Type of area to be treated:	<input type="checkbox"/> Tidal Waters	<input type="checkbox"/> Pond or Lake	<input type="checkbox"/> Stream
2. Is the waterbody located in a public water supply watershed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Where does the waterbody flow to?			
Is the outflow usually flowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can outflow be stopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Identify the size of the waterbody:	Length (ft.)	Width (ft.)	Acres
Maximum Depth (ft.)	Average Depth (ft.)	Volume (Ac-ft)	
5. Portion of the waterbody to be treated:	Acres	Volume (Ac-ft)	
6. Number of Applications in a Calendar Year:			
7. Does the waterbody have public access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Is the waterbody stocked with fish by the state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Identify use(s) of waterbody:			
<input type="checkbox"/> domestic water supply	<input type="checkbox"/> irrigation	<input type="checkbox"/> watering livestock	<input type="checkbox"/> swimming <input type="checkbox"/> fishing
10. Are there any downstream users of the water who may be affected by treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:			
11. Within 1/2 mile of the treatment area, are there any public or private drinking water wells 50 ft. or less from the shoreline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Identify all plants or animals to be controlled:			
13. Identify all types of fish present:			
14. Identify chemicals to be used, the amount per treatment and number of times:			
Chemical	Amount per Treatment	Number of Times	
a)			
b)			
c)			
15. Projected date(s) of pesticide use:			
16. List prior years in which chemicals were applied to this waterbody:			

Part VIII: Supporting Documents

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: An 8-1/2" x 11" legible copy or original of a USGS Topographic Quadrangle Map (scale 1:24,000) indicating the exact location of the area to be treated.
- Attachment B: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment C: 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 D: Conservation or Preservation Restriction Information, if applicable.
- Attachment E: Copy of certified mail receipt verifying that this completed registration has been sent to the local inland wetlands agency. For multiple registrations submitted to the local inland wetlands agency under one certified mail receipt, please attach a copy of such receipt to each registration being submitted to the Department.
- Attachment F: A Copy of the Pesticides Discharge Management Plan, developed in accordance with Appendix A of the General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides.

Please note that local inland wetlands agencies may have additional requirements pertaining to the application of aquatic pesticides to waterbodies located under their jurisdiction.

Part IX: 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. A registration will be considered insufficient unless *all* required signatures are provided **and are the proper signatory authority**.

Please also check the box and provide the date for which you sent one copy of this completed registration to the appropriate local inland wetland agency.

<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 the subject activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.</p> <p>I also certify that the pesticide application is being conducted in accordance with a Pesticide Discharge Management Plan and is being conducted in accordance with the principles of Integrated Pest Management.</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><input type="checkbox"/> “I also certify that I have sent one copy of this completed registration to the appropriate local inland wetland agency on _____.” <div style="text-align: center; margin-left: 100px;">Date</div></p>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Printed Name of Registrant	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Printed Name of Preparer	<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. 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>	

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

In addition, once you receive a confirmation of application receipt from DEEP, please send an electronic copy of the registration with a copy of that receipt to the Water Permitting and Enforcement Division at: deep.industrialnpdescompliance@ct.gov.