Connecticut
Department of Energy & Environmental Protection

Bureau of Materials Management and Compliance Assurance
Water Permitting and Enforcement Division

General Permit Registration Form for the Discharge of Wastewaters from Significant Industrial Users (SIU GP)

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

Please complete this form in accordance with the instructions (DEEP-WPED-INST-029) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for a (check all that apply):

- ☐ *New* SIU GP registration and
  - ☐ *Replacement* of an individual or general permit or an authorization
- ☐ *Renewal* of an existing SIU GP registration
- ☐ *New ownership*
- ☐ *Modification* of an existing SIU GP registration

For New SIU GP registrations:

1. Previous general or individual permit number(s): _____
2. Expiration Date: _____

(CPPU)

For renewals, new ownership or modifications of an existing SIU GP registration :

SIU GP registration number: _____

Town Location:

Brief Description of Project:

Part II: Fee Information

- For modifications to an existing SIU GP registration, there is no fee ($0) [#2375].
- For new or renewal registrations: The applicable registration fee checked in the following table is to be submitted with *each* registration that you are submitting. **Each site registering under the Significant Industrial Users General Permit requires a separate registration**. The fee for municipalities is 50% of the following listed rates. 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.

Part II: Fee Information (continued)

For New or Renewal Registrations: Check the applicable box below identifying facility discharge flow to determine registration fee. Registrants discharging Metal Finishing Wastewater **AND** Process or Non-process Wastewater must check either Box 4 or 5.

1. ☐ For Metal Finishing wastewater discharges with a maximum daily flow greater than or equal to 10,000 gallons per day	$6,250.00 [**#2276**]
2. ☐ For Metal Finishing wastewater discharges with a maximum daily flow less than 10,000 gallons per day	$3,125.00 [**#2275**]
3. ☐ For Process or Non-process wastewater discharges eligible for coverage under the SIU General Permit	$1,000.00 [**#2277**]
4. ☐ For Metal Finishing wastewater discharges with a maximum daily flow greater than or equal to 10,000 gallons per day **AND** Process or Non-process wastewater discharges eligible for coverage under the SIU General Permit	$7,250.00 [**#2278**]
5. ☐ For Metal Finishing wastewater discharges with a maximum daily flow less than 10,000 gallons per day **AND** Process or Non-process wastewater discharges eligible for coverage under the SIU General Permit	$4,125.00 [**#2279**]

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.*
- *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 you must 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 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.

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.*

Part III: Registrant Information (continued)

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:

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.

4. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext.:

Contact Person: Phone: ext.

E-mail:

5. Equipment Operator, 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)

6. Facility Owner, if different than the registrant:

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext.:

Contact Person: Phone: ext.

E-mail:

7. Equipment Owner, if different than the registrant:

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext.:

Contact Person: Phone: ext.

E-mail:

8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

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.

9. The registrant is completing this Significant Industrial User GP registration form because (check all boxes that apply- continued on next page):

☐ Registrant has discharges of metal finishing wastewater subject to 40 CFR 413 (Electroplating Point Source Category) or 40 CFR 433 (Metal Finishing Point Source Category) that will be authorized by the SIU GP and may or may not have process and non-process wastewater that is not subject to Categorical Pretreatment Standards that will be authorized by the SIU GP.

☐ Registrant has discharges of metal finishing wastewater subject to 40 CFR 413 (Electroplating Point Source Category) or 40 CFR 433 (Metal Finishing Point Source Category) that will be authorized by an individual pretreatment permit and has process and non-process wastewater that is not subject to Categorical Pretreatment Standards that will be authorized by the SIU GP.

☐ Registrant is an Industrial User subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR chapter I, subchapter N other than 40 CFR 413 or 40 CFR 433 and has process and non-process wastewater that is not subject to Categorical Pretreatment Standards that will be authorized by the SIU GP.

☐ Registrant is an Industrial User not subject to Categorical Pretreatment Standards and has discharges of process wastewater from the facility that have a cumulative maximum daily flow of 25,000 gallons per day or more.

Part III: Registrant Information (continued)

☐ Registrant is an Industrial User with discharges that contribute a process wastestream which makes up five percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant.

☐ Facility has been designated an SIU by the commissioner on the basis that the Industrial User has a reasonable potential for adversely affecting the POTW's operation.

10. List the Primary Standard Industrial Classification (SIC) Number of the operations carried out by the facility:

_____ _____ _____

Part IV: Site Information

1. SITE NAME AND LOCATION

Is the name of the site the same as the name of the Registrant? ☐ Yes ☐ No

Name of Site :

Street Address or Location Description:

City/Town: State: Zip Code:

Tax Assessor's Reference: Map Block Lot

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

3. COASTAL BOUNDARY: Is the activity which is the subject of this registration 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, you must submit a *Coastal Consistency Review Form* (DEEP-APP-004) with your application as Attachment A.

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).

If no, is the activity which is the subject of this registration located within the coastal area? (see town list in the instructions) ☐ Yes ☐ No

Part IV: Site Information (continued)

For a renewal or modification of a general permit registration where there are no expansions to the external physical footprint of the facility including any collection, storage or treatment facilities referenced in the previous registration, skip this requirement and move to Question #5.

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 registration, 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 *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) to the address specified on the form, **prior** to submitting this registration. Please note NDDB 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 permit registration. A copy of the NDDB Determination response letter that has not expired ***must*** be submitted with this completed registration as Attachment B. 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.

   For more information visit the DEEP website at Endangered-Species-ReviewData-Requests or contact the NDDB at deep.nddbrequest@ct.gov.

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:** Is the property subject to a conservation or preservation restriction? ☐ Yes ☐ No

   If Yes, 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 submitted as Attachment C.

Part V: Additional Information and 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:	*Coastal Consistency Review Form* (DEEP-APP-004), if applicable.
☐	Attachment B:	A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do *not* submit any NDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDB Determination if it expires before project work commences.
☐	Attachment C:	**Conservation or Preservation Restriction Information:** if applicable
☐	Attachment D:	**Approval for Connection/Transport to a POTW (form attached)**

Part V: Additional Information and Supporting Documents (continued)

☐ Attachment E: **Site Plan:** A site plan consisting of a legible drawing of the site. The site plan must indicate the relative locations of the below features:
All of the following must be checked:
- ☐ North meridian
- ☐ Boundaries of the site
- ☐ All buildings
- ☐ Water bodies adjacent to the site and their names
- ☐ Roads adjacent to the site and their names
- ☐ Location of discharges included in this registration
- ☐ All monitoring points.

☐ Attachment F: **Discharge Information Form:** For each discharge/monitoring location. (form attached)

☐ Attachment G: **Water Conservation:** A description of the best management practices, such as conservation and reuse of water, minimization, substitution and reuse of chemicals, and other pollution prevention measures, implemented or to be implemented by the registrant to prevent or minimize any adverse environmental effects of the subject discharge.

☐ Attachment H: **Wastewater Treatment:** An accurate description of any wastewater treatment processes, such as neutralization, oil/water separation, and precipitation of solids or metals, which the registrant utilizes or will utilize to achieve compliance with any of the effluent limitations specified in the SIU GP. This description must include a diagram which clearly shows all treatment units, monitoring equipment, and sampling locations.

☐ Attachment I: **Line Diagram:** A line diagram of the water flow through the facility which clearly identifies:
All of the following must be checked:
- ☐ the intake source (e.g. well, city water, river);
- ☐ all points of chemical addition into any treatment units;
- ☐ sampling and flow meter locations;
- ☐ all separate production operations with intake and discharge points of each operation;
- ☐ treatment units with intake and discharge points of each unit; and
- ☐ a water balance that indicates approximate average and maximum flows at intake and discharge points of all separate production operations, treatment units and between processes.

☐ Attachment J: **Process Flow Diagram:** A diagram showing those processes generating wastewater must be included. The process flow diagram should identify:
All of the following must be checked:
- ☐ each process step or tank, its work flow position, size, contents, ultimate disposal location and the discharge rate of its contents;
- ☐ any treatment units integrated with a process; and
- ☐ countercurrent rinsing and the direction of the countercurrent rinsing.

☐ Attachment K: **Monitoring Waiver Request Form (attached)**

☐ Attachment L: **Plan Checklists:** Operation and Maintenance Plan and Spill Prevention and Control Plan. (attached)

Part V: Additional Information and Supporting Documents (continued)

☐ Attachment M: **If the registrant is an SIU due to metal finishing operations, a Solvent Management Plan may be necessary: (attached)**

Check only one:

☐ No Total Toxic Organic compounds are used or generated on site, or introduced into the wastewaters that are the subject of this application.

☐ A Solvent Management Plan has been submitted with this registration that contains all applicable information listed in the Solvent Management Plan Checklist and Appendix D of the SIU General Permit.

☐ Attachment N: **Subscriber Agreement (**portal.ct.gov/deep/netdmr**)**

☐ Attachment O: A summary of analytical data from the previous two years for the renewal of an existing registration for a discharge previously authorized by the ***General Permit for the Discharge of Wastewaters from Categorical Industrial Users to a Publicly Owned Treatment Works*** or the ***General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater***.

☐ Attachment P: If any pollutant identified as an emerging contaminant is currently or reasonably known to have been handled, stored, released or disposed of at the site where the subject wastewater originates, the subject wastewater shall also be analyzed to determine the concentration of such emerging contaminants(s) if an analytical method for such pollutant has been approved pursuant to 40 CFR 136.

☐ Attachment Q: **For Water Treatment Facilities Discharging Water Treatment Wastewater with Total Suspended Solids Concentrations in Excess of 600 mg/**l, the Water Treatment Wastewater and Residuals Management Plan required by Section 4(c)(2)(T) of the ***General Permit for the Discharge of Wastewaters from Significant Industrial Users.***

☐ Attachment R: **Request for Variance (attached)**

Part VI.a: Certification by a Qualified Professional Engineer

For registrations involving the discharge of Metal Finishing Wastewater, the following certification must be signed by a Qualified Professional Engineer as defined in the SIU General Permit. Qualified Professional Engineers may also certify registrations involving process and non-process wastewater that is not subject to Categorical Pretreatment Standards. A registration will be considered incomplete without a certification.

"I hereby certify that I am a Qualified Professional Engineer as defined in the General Permit for the Discharge of Wastewaters from Significant Industrial Users. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by **Insert Name of Registrant** for an activity located at **Insert Address of Project or Activity**. I have personally examined and am familiar with the information that provides the basis for this certification, including, but not limited to, all information described in Section 3(b)(8)(C) of such general permit and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(8)(D)(i) of such general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I understand that this certification may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and I agree to cooperate with the commissioner should such an audit be required, including, but not limited to providing information as may be requested in writing by the commissioner in connection with any such audit. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Qualified Professional Engineer	Date
Printed Name of Qualified Professional Engineer	P.E. Number (if applicable) Affix P.E. Stamp Here (if applicable)

Part VI.b: Certification by a Certified Hazardous Materials Manager

For registrations involving only the discharge of process and non-process wastewater that is not subject to Categorical Pretreatment Standards and where the discharge requires no treatment or the treatment consists solely of pre-engineered silver recovery systems for treating printing and photoprocessing wastewater or pre-engineered oil/water separators for treating air compressor condensate and blowdown, cutting and grinding wastewater, food processing wastewater, or vehicle maintenance wastewater, the following certification may be signed by a Qualified Certified Hazardous Materials Manager as defined in the SIU General Permit. A registration will be considered incomplete without a certification.

"I hereby certify that I am a Qualified Certified Hazardous Materials Manager as defined in the General Permit for the Discharge of Wastewaters from Significant Industrial Users. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by **Insert Name of Registrant** for an activity located at **Insert Address of Project or Activity**. I have personally examined and am familiar with the information that provides the basis for this certification, including, but not limited to, all information described in Section 3(b)(8)(C) of such general permit and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(8)(D)(ii) of such general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I understand that this certification may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and I agree to cooperate with the commissioner should such an audit be required, including, but not limited to providing information as may be requested in writing by the commissioner in connection with any such audit. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Qualified Certified Hazardous Materials Manager	Date
Printed Name of Qualified Certified Hazardous Materials Manager	C.H.M.M. Number (if applicable) Affix CHMM Stamp Here (if applicable)

Part VII: Registrant Certification

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

"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Wastewaters from Significant Industrial Users, submitted to the commissioner by **Insert Name of Registrant** for an activity located at **Insert Site Activity Address** and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(9)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(9)(B) of such general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I certify that a completed copy of the registration has been submitted to each applicable POTW Authority and I have received written approval for connection or transport to each applicable POTW Authority. I certify that our facility does not use products or chemicals that may result in a discharge of mercury. I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification. I understand that the certification made pursuant to Section 3(b)(9) of this general permit may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and that I will be required to provide additional information as may be requested in writing by the commissioner in connection with such audit, and the registration filed in connection with such general permit may be denied, revoked or suspended as a result of such audit. As part of such audit, I understand the commissioner may require that any information prepared in accordance with this general permit be independently certified by a Qualified Professional Engineer or Qualified Certified Hazardous Materials Manager in accordance with this general permit and that such independent certification shall be at the registrant's expense. I understand that the reasonable cost of any such audit that reveals that a false certification was submitted to the commissioner may be charged to the registrant for this general permit for which such certification was made. I also understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)

Part VIII: 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 spaces provided for the preparer.

"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Wastewater from Significant Industrial Users submitted to the commissioner by **Insert Name of Registrant** for an activity located at **Insert Site Activity Address** and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to such general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(9)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification. I understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)

☐ 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 the 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

Attachment D: Approval for Connection/Transport to a POTW

Part 1: The registrant must complete and sign Part 1.
Part 2 The form with a completed copy of the SIU GP registration form must then be submitted to the Publicly Owned Treatment Works (POTW, or sewage treatment plant) receiving the discharge for approval. Part 2 must be completed and signed by a responsible official of the POTW Authority.
Part 3 Where a local Water Pollution Control Authority (WPCA) acts independently of the receiving POTW (i.e. facilities that receive sewage from more than one town), the registrant ***must also*** have the local WPCA approve the discharge. In this case, Part 3 must be completed and signed by a responsible official of the local WPCA.

Part 1: ***The facility listed in this Part is seeking Authority from the Department of Energy and Environmental Protection to discharge wastewater to the sanitary sewer, or for such discharge to be transported to the POTW.***

Facility Name: _____

Site Address: _____

City/Town: _____

Facility is requesting approval to (check one):

☐ Connect to the Sanitary Sewer ☐ Truck Transport to the POTW

Discharge volume will not exceed _____ gallons per day.

Type of Discharge:

Signature of Registrant Date

Part 2: ***To be completed by POTW (sewage treatment plant) receiving discharge whether by sewer line or truck transport:***

Name of Receiving POTW: _____

Address of POTW: _____

City/Town: _____

☐ Adequate hydraulic capacity to receive the discharge

Approved by:

Signature Date:

Name (please print) Title

Part 3: ***To be completed by local WPCA (if separate from receiving POTW) when seeking approval for connection to the sanitary sewer:***

Local WPCA: _____

Address: _____

City/Town: _____

☐ Adequate hydraulic capacity to receive the discharge

Approved by:

Signature Date:

Name (please print) Title

Comments:

Attachment F: Discharge Information

The below information must be provided for each discharge to a sanitary sewer lateral and for which monitoring samples will be taken. Attach additional sheets as necessary. See instructions for further guidance.

1. Discharge Serial Number (DSN): _____

2. Date discharge was/will be initiated: _____

3. Discharge Location: _____

4. Monitoring Location: _____

5. Name of Receiving POTW: _____

   a. Are additional POTWs conveying the wastewater through their sanitary sewer system? ☐ yes ☐ no

   b. If yes to 5.a., please list the additional applicable POTWs: _____

6. Method by which POTW will receive discharge: ☐ Sanitary Sewer ☐ Transported by truck

7. Discharge Category(ies)

   a. ☐ Discharge is metal finishing wastewater consisting of the following metal finishing subcategories as defined by 40 CFR 413 and 433: _____

   b. ☐ Discharge is composed of process and/or non-process wastewater not subject to Categorical Pretreatment Standards and consists of the following categories (check all that apply):

Process Wastewater	**Non-process Wastewater**
☐ Commercial laundry wastewater	☐ Air compressor condensate & blowdown
☐ Contact cooling & heating wastewater	☐ Boiler blowdown
☐ Cutting and grinding wastewater	☐ Building maintenance wastewater
☐ Food processing wastewater	☐ Fire suppression system testing wastewater
☐ Non-destruct testing rinsewater	☐ Hydrostatic pressure testing wastewater
☐ Printing and photo processing wastewater	☐ Noncontact cooling water
☐ Reverse osmosis reject water	☐ Potable water system main. or sampling ww
☐ Tumbling or cleaning of parts wastewater	☐ Swimming pool wastewaters
☐ Water treatment wastewater	☐ Vehicle maintenance wastewater
☐ **Other process wastewater** (describe in #10)	☐ **Other non-process wastewater** (describe in #10)

8. **Flow Information**

   a. Average Daily Flow (gpd): _____ b. Maximum Daily Flow (gpd): _____

   c. Design Flow (gpd): _____ d. Design Flow (gpm): _____

   e. Is the wastewater discharging continuously throughout operating hours except for infrequent shut downs for maintenance, process changes or other similar activities? ☐ Yes ☐ No

   If yes, indicate:

   - Average number of hours per day of the discharge: _____
   - Maximum number of hours per day of the discharge: _____

Attachment F: Discharge Information (continued)

DSN #:_____ (continued)

If no (e.g., batch, intermittent, or seasonal discharges), indicate:

- Average number of hours per discharge event: _____
- Maximum number of hours per discharge event: _____
- The average number of discharge events per day: _____

9. Method of Flow Measurement: _____

10. A detailed description of the authorized discharge which must include a detailed description of the processes or activities generating the discharge(s). When different processes or activities produce different discharges, please be specific about each. Attach additional sheets if necessary.

11. A list of the substances used or added to the wastewater, including but not limited to those substances for which effluent limits are specified in Sections 5A(a) or 5B(a)of the SIU GP and those substances listed in Appendix B Table II, III and V or Appendix D of section 22a-430-4 of the Regulations of Connecticut State Agencies. Any such substances shall be identified by their generic chemical names and Chemical Abstract System (CAS) number.

12. **Analytical Data**

a. Analytical Data for ***New, Previously Unpermitted*** Discharges (if the discharge is an existing discharge, skip to 12.b.)

Please provide any supporting calculations or information from similar discharges to project expected discharge characteristics including all pollutants and their concentrations expected to be present in the discharge. Following the issuance of the Approval of Registration under this general permit, the Permittee will be required to sample the discharge(s) authorized under the Approval of Registration within 30 days of initiating the discharge, conduct wastewater analyses as indicated in the Approval of Registration, and submit for the commissioner's review a completed discharge analysis from the application for registration under this general permit.

12.b. Metal Finishing Wastewater Discharge Analysis (if the discharge is process or non-process wastewater not subject to Categorical Pretreatment Standards, skip to 12.c.)

To demonstrate compliance with the effluent limits in Section 5A(a) of the SIU GP, all registrants discharging metal finishing wastewater must complete a Discharge Analysis for each discharge and sub-discharge (e.g., cyanide or hexavalent chromium pretreatment).

The Discharge Analysis must use analytical data from at least one sample taken within the last six months prior to registration submission that is representative of typical daily operations and one sample representative of anticipated maximum effluent pollutant concentration(s).

For sub-discharges from pretreatment systems for hexavalent chromium reduction or cyanide destruction, complete Table A below. All units are in mg/l unless otherwise noted.

Discharge Serial Number:					**Date Sampled**:
Table A	**1 Known or Suspected Present**	**2 Believed Absent**	**3 Average**	**4 Maximum**	**5 Number of Analyses**
☐ **Chromium, hexavalent** (sampled immediately following Cr+6 reduction pretreatment, prior to mixing with other wastewater, using a grab sample average)					
☐ **Cyanide amenable** (sampled immediately following CN destruction pretreatment, using a grab sample average)					

For all other metal finishing discharges, the analytical data described above that is representative of both typical daily operations and representative of anticipated maximum effluent pollutant concentration(s) shall be provided for all pollutants listed in Table 1, as well as, all pollutants listed in Tables 2 through 10 that are known or suspected to be present in the discharge. All analyses must be performed in accordance with 40 CFR 136.

All units are in mg/l unless otherwise noted.

Discharge Serial Number:						**Date Sampled**:
TABLE 1		**1 Known or Suspected Present**	**2 Believed Absent**	**3 Average**	**4 Maximum**	**5 Number of Analyses**
1	Aluminum, Total					
2	Ammonia (as Nitrogen)					
3	Antimony, Total					
4	Barium, Total					
5	Biochemical Oxygen Demand (5 Day)					
6	Cadmium, Total					
7	Chemical Oxygen Demand					
8	Chromium, Hexavalent[2]					
9	Chromium, Total					
10	Cobalt, Total					
11	Copper, Total					
12	Cyanide, Amenable[2]					
13	Cyanide, Total[2]					
14	Fluoride					
15	Gold, Total					
16	Iron, Total					
17	Lead, Total					
18	Mercury, Total					

Discharge Serial Number:					Date Sampled:	
19	Nickel, Total					
20	Nitrogen ,Total					
21	Oil and Grease, Hydrocarbon Fraction					
22	Oil and Grease, Total[2]					
23	Organic ,Total Toxic[1, 3]					
24	Phosphorus, Total					
25	Silver, Total					
26	Solids, Total Suspended					
27	Tin, Total					
28	Titanium, Total					
29	Total Kjeldahl Nitrogen					
30	Zinc, Total					
31	pH (minimum and maximum)[2]					

1 As defined by 40 CFR 413 and 433.
2 This pollutant shall be monitored using a grab sample average taken prior to combination with any dissimilar discharges.
3 This pollutant shall be monitored using a grab sample taken prior to combination with any dissimilar discharges.

TABLE 2 **GENERAL**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Nitrate					
2	Nitrite					
3	Total Kjeldahl Nitrogen					
4	Total Residual Chlorine[1]					

[1] This pollutant shall be monitored using a grab sample taken prior to combination with any dissimilar discharges.

TABLE 3 **TOXIC METALS, CYANIDES, PHENOLS**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Arsenic, Total					
2	Beryllium, Total					
3	Selenium, Total					
4	Thallium, Total					
5	Phenols, Total[1]					

[1] This pollutant shall be monitored using a grab sample taken prior to combination with any dissimilar discharges.

TABLE 4 **VOLATILES**[1]		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Acrolein					
2	Acrylonitrile					
3	Benzene					
4	Bromoform					
5	Carbon Tetrachloride					
6	Chlorobenzene					
7	Chlorodibromomethane					
8	Chloroethane					
9	2-Chloroethylvinyl Ether					
10	Chloroform					
11	Dichlorobromomethane					
12	1, 1-Dichloroethane					

Discharge Serial Number:					Date Sampled:	
13	1, 2-Dichloroethane					
14	1, 1-Dichloroethylene					
15	1, 2-Dichloropropane					
16	1, 3-Dichloropropylene					
17	Ethylbenzene					
18	Methylbromide					
19	Methylchloride					
20	Methylene Chloride					
21	1, 1, 2, 2,-Tetrachloroethane					
22	Tetrachloroethylene					
23	Toluene					
24	1, 2-Trans-Dichloroethylene					
25	1, 1, 1-Trichloroethane					
26	1, 1, 2- Trichloroethane					
27	Trichloroethylene					
28	Vinyl Chloride					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges.

TABLE 5 **GC/MS FRACTION ACID COMPOUNDS[1]**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	2-Chlorophenol					
2	2, 4-Dichlorophenol					
3	2, 4-Dimethylphenol					
4	4, 6-Dinitro-O-Cresol					
5	2, 4-Dinitrophenol					
6	2-Nitrophenol					
7	4-Nitrophenol					
8	P-Chloro-M-Cresol					
9	Pentachlorophenol					
10	Phenol					
11	2, 4, 6- Trichlorophenol					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges .

TABLE 6 **BASE NEUTRAL COMPOUNDS[1]**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Acenaphthene					
2	Acenaphthylene					
3	Anthracene					
4	Benzidine					
5	Benzo(a)anthracene					
6	Benzo(a)pyrene					
7	3, 4-Benzo-fluoranthene					
8	Benzo(ghi)perylene					
9	Benzo(k) fluoranthene					
10	Bis(2-Chloroethoxy) Methane					
11	Bis(2-Chloroethyl) Ether					
12	Bis(2-Chloroisopropyl) Ether					
13	Bis(2-Ethylhexyl) Phthalate					
14	4-Bromophenylphenyl Ether					
15	Butylbenzyl Phthalate					
16	2-Chloronaphthalene					

Discharge Serial Number:					**Date Sampled**:	
17	4-Cholorophenylphenyl Ether					
18	Chrysene					
19	Dibenzo(a, H)anthracene					
20	1, 2-Dichlorobenzene					
21	1, 3-Dichlorobenzene					
22	1, 4-Dichlorobenzene					
23	3, 3-Dichlorobenzidine					
24	Diethyl phthalate					
25	Dimethyl phthalate					
26	Di-n-butyl phthalate					
27	2, 4-Dinitrotoluene					
28	2, 6-Dinitrotoluene					
29	Di-n-octyl phthalate					
30	1, 2-Diphenylhydrazine (as Azobenzene)					
31	Fluoranthene					
32	Fluorene					
33	Hexachlorobenzene					
34	Hexachlorobutadiene					
35	Hexachlorocyclopentadiene					
36	Hexachloroethane					
37	Indeno(1,2,3-cd) Pyrene					
38	Isophorone					
39	Naphthalene					
40	Nitrobenzene					
41	N-nitroso dimethylamine					
42	N-Nitrosodi-n-Propylamine					
43	N-Nitrosodiphenylamine					
44	Phenanthrene					
45	Pyrene					
46	1, 24-Trichlorobenzene					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges .

TABLE 7 **PESTICIDES[1]**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Aldrin					
2	Alpha - BHC					
3	Beta - BHC					
4	Gamma-BHC					
5	Delta-BHC					
6	Chlordane					
7	4, 4-DDT					
8	4, 4-DDE					
9	4, 4-DDD					
10	Dieldrin					
11	Alpha-Endosulfan					
12	Beta-Endosulfan					
13	Endosulfan Sulfate					
14	Endrin					
15	Endrin Aldehyde					
16	Heptachlor					
17	Heptachlor Epoxide					
18	PCB-1242					

Discharge Serial Number:					Date Sampled:	
19	PCB-1254					
20	PCB-1221					
21	PCB-1232					
22	PCB-1248					
23	PCB-1260					
24	PCB-1016					
25	Toxaphene					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges .

TABLE 8 **OTHER SUBSTANCES[1]**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Bromide					
2	Color					
3	Fecal Coliform[1]					
4	Nitrogen, Total Organic					
5	Radioactivity					
	a. Alpha, Total					
	b. Beta, Total					
	c. Radium, Total					
	d. Radium, 226 Total					
6	Sulfate					
7	Sulfide					
8	Sulfite					
9	Surfactants					
10	Boron, Total					
11	Magnesium, Total					
12	Molybdenum, Total					
13	Manganese, Total					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges.

TABLE 9 **OTHER TOXIC AND HAZARDOUS SUBSTANCES[1]**		**1** **Known or Suspected Present**	**2** **Believed Absent**	**3** **Average**	**4** **Maximum**	**5** **Number of Analyses**
1	Asbestos					
2	Acetaldehyde					
3	Allyl alcohol					
4	Allyl chloride					
5	Amyl acetate					
6	Aniline					
7	Benzonitrile					
8	Benzyl chloride					
9	Butyl acetate					
10	Butylamine					
11	Captan					
12	Carbaryl					
13	Carbofuran					
14	Carbon disulfide					
15	Chlorpyrifos					
16	Coumaphos					
17	Cresol					
18	Crotonaldehyde					
19	Cyclohexane					

Discharge Serial Number:					**Date Sampled**:	
20	2,4-Dichlorophenoxy (acetic acid)					
21	Diazinon					
22	Dicamba					
23	Dichlobenil					
24	Dichlone					
25	2,2-Dichloro-propionic acid					
26	Dichlorvos					
27	Diethyl amine					
28	Dimethyl amine					
29	Dinitrobenzene					
30	Diquat					
31	Disulfoton					
32	Diuron					
33	Epichlorohydrin					
34	Ethanolamine					
35	Ethion					
36	Ethylene diamine					
37	Ethylene dibromide					
38	Formaldehyde					
39	Furfural					
40	Guthion					
41	Isoprene					
42	Isopropanolamine					
43	Kelthane					
44	Kepone					
45	Malathion					
46	Mercaptodimethur					
47	Methoxychlor					
48	Methyl mercaptan					
49	Methyl methacrylate					
50	Methyl parathion					
51	Mevinphos					
52	Mexacarbate					
53	Monoethyl amine					
54	Monomethyl amine					
55	Naled					
56	Napthenic acid					
57	Nitrotoluene					
58	Parathion					
59	Phenolsulfanate					
60	Phosgene					
61	Propargite					
62	Propylene oxide					
63	Pyrethrins					
64	Quinoline					
65	Resorcinol					
66	Strontium					
67	Strychnine					
68	Styrene					
69	2, 4, 5-T (2, 4, 5-Trichlorophenoxy acetic acid)					
70	TDE (Tetrachloro-diphenylethane)					
71	2, 4, 5-TP[2-(2, 4,5-Trichlorophenoxy) propanoic acid]					
72	Trichlorofan					

Discharge Serial Number:					Date Sampled:	
73	Triethylamine					
74	Trimethylamine					
75	Uranium					
76	Vanadium					
77	Vinyl acetate					
78	Xylene					
79	Xylenol					
80	Zirconium					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges.

TABLE 10 SUBSTANCES[1]		1 Known or Suspected Present	2 Believed Absent	3 Average	4 Maximum	5 Number of Analyses
1	2-(2, 4 ,5-trichlorophenoxy) ethyl, 2, 2-dichloropropionate (Erbon)					
2	0, 0-dimethyl-0-(2, 4, 5- trichlorophenyl) phosphorothioate (Ronnel)					
3	2, 4, 5-trichlorophenol (TCP)					
4	hexachlorophene (HCP)					
5	2,3,7,8-TCDD (Tetrachlorodibenzo-p-dioxin)					
6	Total - TCDD					
7	2,3,7,8-TCDF (Tetrachlorodibenzofuran)[2]					
8	Total - TCDF[2]					
9	1,2,3,7,8-PeCDD (Pentachlorodibenzo-p-dioxin)[2]					
10	Total - PeCDD[2]					
11	1,2,3,7,8-PeCDF (Pentachlorodibenzofuran)[2]					
12	2,3,4,7,8-PeCDF[2]					
13	Total - PeCDF[2]					
14	1,2,3,4,7,8-HxCDD (Hexachlorodibenzo-p-dioxin)[2]					
15	1,2,3,6,7,8-HxCDD[2]					
16	1,2,3,7,8,9-HxCDD[2]					
17	Total - HxCDD[2]					
18	1,2,3,6,7,8-HxCDF (Hexachlorodibenzofuran)[2]					
19	1,2,3,7,8,9-HxCDF[2]					
20	Total - HxCDF[2]					
21	1,2,3,4,6,7,8-HpCDF (Heptachlorodibenzofuran)[2]					
22	1,2,3,4,7,8,9-HpCDF[2]					
23	Total - HpCDF[2]					
24	OCDD (Optachlorodibenzo-p-dioxin)[2]					
25	OCDF (Hexachlorodibenzofuran)[2]					

[1] These pollutants shall be monitored using grab samples taken prior to combination with any dissimilar discharges.
[2] If your facility uses or manufactures one of the substances listed above as items 1-6 or knows or has reason to believe or can reasonably ascertain that one of those substances may be present in the discharge, or you know or have reason to believe or can reasonably ascertain that 2,3,7,8 - Tetrachlorodibenzo-p-dioxin (TCDD) may be present in the discharge, then you must also provide the analysis results for the dioxin and furan substances numbered 7 through 27, using "EPA Method 1613: Tetra- through Octa- Chlorinated Dioxins and Furans by Isotope Dilution HRGC/HRMS".

12.c. Process and Non-process Wastewater Discharge Analysis or Screening

To demonstrate compliance with the effluent limitations in Section 5B(a) of the SIU GP, all registrants discharging process and non-process wastewater not subject to Categorical Pretreatment Standards must complete a Discharge Analysis for each discharge using analytical data from at least one sample taken within the last six months that is representative of typical daily operations and one sample representative of anticipated maximum effluent pollutant concentration(s).

Analytical data from both samples shall be provided for all pollutants listed in the table below (same as Table 5B-2 from the SIU GP) per discharge category, as well as, all pollutants that are known or suspected to be present in the discharge and are listed in section 22a-430-4 Appendix B or D of the Regulations of Connecticut State Agencies. All analyses must be performed in accordance with 40 CFR 136.

Please also read important screening information found on page 25 of 36 of these instructions following the table below.

Discharge Category	Air Compressor Condensate & Blowdown	Boiler Blowdown	Contact Cooling & Heating Water	Cutting & Grinding	Non-Destruct Testing Rinsewater	Printing (Photo-Processing[1])	Tumbling or Cleaning	Water Treatment	Commercial Laundry	Food Process-ing	Hydrostatic Pressure Testing	Noncontact cooling water, Reverse Osmosis Reject Water	Other Process Wastewater, Non-process Wastewater
Temperature		X	X						X	X		X[4]	X
pH	X	X	X	X	X	X	X	X	X	X	X	X	X
BOD_5					X	X	X		X	X			X
COD					X	X	X		X	X			X
Total Suspended Solids	X	X	X	X	X		X	X	X	X	X		X
Total Kjeldahl Nitrogen						X	X		X	X			X
Nitrate-nitrite Nitrogen						X	X		X	X			X
Phosphorus[3], total	X	X	X	X	X	X	X	X	X	X	X	X	X
Oil & grease, TPH	X	X	X	X	X		X		X		X		X
Oil & grease, total										X			
Volatile Organic Compounds, total						X							
Aluminum								X[2]					
Arsenic								X[2]					
Cadmium, total						X							
Chromium, total				X			X						
Copper, total	X	X	X	X	X	X	X	X					X
Iron, total											X		
Lead, total	X	X	X	X	X	X	X	X					X
Nickel, total				X		X	X						
Silver, total						X							
Zinc, total	X	X	X	X	X		X	X	X				X

[1] Required monitoring for a photoprocessing discharge is silver and pH only. Refer to specific instructions at Section 5B(b)(5)(B).
[2] Aluminum and arsenic monitoring shall be required only for wastewater associated with alum treatment.
[3] Phosphorus monitoring shall be required only for discharges being received by a POTW listed in Appendix F2(excluding commercial laundries which must always monitor for phosphorus).
[4] Temperature monitoring is not required for reverse osmosis reject water discharges.

12.c. Process and Non-process Wastewater Discharge Analysis or Screening (continued)

All screening samples must be representative in all respects, including without limitation chemically and thermally, of the wastewater during routine operating conditions. Where multiple sources of a specific category of process or non-process wastewater not subject to Categorical Pretreatment Standards are generated at a site, only one set of screening samples from a single representative source is required. **If various categories of process or non-process wastewater that are not subject to Categorical Pretreatment Standards comingle at a compliance point, the registrant or their consultant will need to isolate each wastewater category for screening.**

Keep in mind that each wastewater category (e.g water treatment wastewater or food processing wastewater) can have different types of wastewater within that category for the purposes of screening. For example, water treatment wastewater resulting from filter backwash is a different type of water treatment wastewater compared to that which results from ion exchange regeneration.

[For discharges previously authorized by the *General Permit for Miscellaneous Discharges of Sewer Compatible Wastewater*, also include analytical data from the previous two years as Attachment O.]

13. Contract Laboratories

If any of the analyses reported in this registration were performed by a contract laboratory or consulting firm, list the name, address and telephone number of the laboratory or firm and the type of analyses performed.

Name	Address	Telephone (Area Code & No.)	Substances Analyzed (List)

Attachment K: Monitoring Waiver Request Form

A request for a Monitoring Waiver for Pollutants shall be submitted when a registrant proposes to forego monitoring of pollutants in accordance with Section 5A(b)(1)(B) and Section 5B(b)(1)(A)(ii) of the **General Permit for the Discharge of Wastewaters from Significant Industrial Users**.

1) List each pollutant registrant is requesting a monitoring waiver for.

2) Provide analytical data for each pollutant from at least one sample of the facility's authorized discharge(s), after treatment. This sample shall be representative of all wastewaters capable of being discharged from the facility through the respective authorized discharge location(s) and shall be obtained and analyzed consistent with 40 CFR 136.

3) Provide analytical data for each pollutant from at least one sample of the facility's authorized discharge(s), prior to any treatment. This sample shall be representative of all wastewaters capable of being discharged from the facility through the respective authorized discharge location(s) and shall be obtained and analyzed consistent with 40 CFR 136.

4) For those pollutants detected in either the treated or the untreated wastewater, provide analytical data for the source water or intake.

Pollutant	**Analytical Results (Be sure to indicate units of measure)**		
	Influent Water	**Discharge prior to Treatment**	**Discharge Following Treatment**

Non-detectable sample results may only be used as a demonstration that a pollutant is not present if the EPA approved method from 40 CFR 136 with the lowest minimum detection level for that pollutant is utilized.

A monitoring waiver will not be granted for any pollutant that is added to the authorized discharge, in any quantities. Where monitoring and/or other data shows that the pollutant is present at levels above the background intake water level, the commissioner shall deny the request for the monitoring waiver.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

_____ _____

Registrant Signature Date

_____ _____

Name of Registrant (print or type) Title (if applicable)

_____ _____

POTW Authority Signature Date

_____ _____

Name of POTW Authority (print or type) Title

Attachment L: Plan Checklist

Operation and Maintenance Plan Checklist

All registrants must complete and submit this Operation and Maintenance Plan Checklist. Review the following plan elements to ensure that each element is included and adequately addressed in your Operation and Maintenance Plan. **A copy of this plan,** containing all of the elements described in Appendix B of the SIU GP shall **be maintained on-site at all times.** Verify that the plan is adequate with respect to each element by inserting your initials in the space provided and indicate the page number where each element is addressed in your plan. For elements that are determined to be not applicable to the collection and treatment systems, please indicate "N/A" next to the element and provide a brief explanation.

Plan Elements	Initial/Not Applicable	Page #
1. A detailed description of all wastewater treatment equipment on site including: a. A description of treatment unit sizes, their operating capacities, retention times, manufacturers and models. b. A functional description of each treatment system and subsystem including a discussion of how each item functions and variables that might affect performance.		
2. A detailed description of collection procedures and treatment system operation, start-up, shut-down and power outage procedures, including the positions of all switches, valves, instrument settings and precautions. For batch systems, include operating instructions describing testing procedures to be performed for each batch, when different treatments are to be used and instructions for operating the different types of treatments.		
3. A detailed description of the method and frequency that all meters and probes are calibrated and tested, which at a minimum meets manufacturer's recommendations. For final discharge meters and probes, the minimum frequency of cleaning and calibration must be the manufacturer's recommendation.		
4. A detailed description of all of the alarm(s) in the system and a schedule for testing each one.		
5. An inventory of all spare parts and equipment kept at the facility for the wastewater treatment system.		
6. A list of all treatment chemicals, quantities stored at the facility and dosage rates.		
7. A maintenance plan for the proper operation of the collection and treatment system, both preventive and corrective, with proposed daily, weekly, monthly, semi-annual and annual inspections and procedures.		
8. The number of full or part time wastewater treatment system operators needed to properly run the system and a detailed description of any training the operators have had in the proper operation of the treatment system.		

Attachment L: Plan Checklist (continued)

Operation and Maintenance Plan Checklist

9. A description of the log(s) to be kept near the treatment system or readily accessible, for operational monitoring and inspections. All entries must show time, date and be initialed. These log books must contain the following information, as applicable: a. for all discharges: i. the total daily flow for each day of discharge, consisting of the flow chart for each day of discharge and/or the flow data report from an electronic data recorder (if respective equipment is required in accordance with this general permit); ii. the maximum daily flow for each month of the year; iii. the final discharge pH for each day of discharge consisting of the pH chart for each day of discharge and/or the pH data report from an electronic data recorder (if respective equipment is required in accordance with this general permit); iv. the pH range (ie., the low and high pH recorded) of the final discharge pH for each day of discharge; v. the pH range (ie., the low and high pH recorded) of the final discharge pH during each calendar month of the year; vi. the individual(s) who performed the sampling or measurements; vii. the dates analyses were performed; viii. the individual who performed the analyses; ix. the analytical techniques or methods used; x. the results of such analyses; xi. the calibration records of all pH and flow instrumentation equipment associated with wastewater treatment and discharge monitoring; xii. frequency and duration for non-continuous discharges; and xiii. type and quantity of each treatment chemical used per day.		
b. for batch treatment systems: i. number of gallons of each batch discharged ii. treatment chemicals added to each batch; iii. the results of any chemical analysis done on each batch; iv. what the wastewater of each batch consisted of (what processes contributed to the batch); v. any maintenance performed on the system; and vi. any observations the operator may have noticed about the discharge (clarity, foam, etc.).		
c. for flow through systems: i. total daily/shift flow; ii. treatment chemical dosage rates; iii. daily/shift treatment chemical tank levels; iv. the results of any chemical analysis performed on the discharge;		

Attachment L: Plan Checklist (continued)

Operation and Maintenance Plan Checklist

v. any maintenance performed on the system; vii. the reason for any upsets that may have occurred; and vii. any observations the operator may have noticed about the discharge (clarity, foam, etc.).		
10. A description of any security measures to prevent vandalism of the collection and treatment systems.		
11. A flow diagram of the treatment system for each discharge. The diagram must show all incoming waste streams, treatment units and their sizes, treatment chemical additions, all pumps and valves, electrical equipment (pH sensors, controllers and alarms, high level sensors and alarms, etc.) and connections between electrical units. Average, maximum, and design flow rates of incoming waste streams between treatment units and from discharge points and pumps must be indicated.		

Registrant Signature	Date
Name of Registrant (print or type)	Title (if applicable)
In the space below, please provide the names of the persons who prepared the Operation and Maintenance Plan and a brief description of the qualifications of each preparer, (i.e., professional certifications, education background, related work experience, etc.).	
Operation and Maintenance Plan Revision Date:	

Attachment L: Plan Checklist (continued)

Spill Prevention and Control Plan Checklist:

All registrants must complete and submit this Spill Prevention and Control Plan Checklist. Review the following plan elements to ensure that each element is included and adequately addressed in your Spill Prevention and Control Plan. **A copy of this plan,** containing all of the elements described in Appendix C of the SIU GP shall be **maintained on site at all times.** Verify that the plan is adequate with respect to each element by inserting your initials in the space provided and indicate the page number where each element is addressed in your plan. For elements which are determined to be not applicable to the facility, please indicate "N/A" next to the element and provide a brief explanation.

Note: If any plan element in this checklist has not been addressed in your Spill Prevention and Control Plan at the time you submit your registration, in the space provided next to such element provide: 1) a brief explanation indicating why it has not yet been addressed and 2) if applicable, a proposed time schedule indicating when the element will be addressed in your Spill Prevention and Control Plan.

Plan Elements	Initial/Not Applicable	Page #
1. A copy of the site plan, exactly as prepared in Section 2, and topographic map.		
2. Supplemental layout drawings must be prepared as necessary to illustrate any item which is not included on the site plan or topographic map including: a. A General Layout of the Facility b. Property Boundaries c. surface water bodies and wetlands on and adjacent to the facility; d. Entrance and Exit Routes to/from the Facility e. Areas Occupied by Manufacturing or Commercial Facilities f. Hazardous Materials Process and Storage Areas g. Waste Handling, Storage and Treatment Facilities h. Loading and Unloading Areas i. Storm drainage systems, including their discharge locations; j. Sanitary sewer lines and/or septic systems; k. Direction of Drainage from Hazardous Material and Waste Handling, Storage and Treatment Areas l. Floor Drains, Pipes, and Channels which lead away from Potential Leak or Spill Areas and where these drain to m. Spill Prevention Structures		
3. A chemical inventory list of all toxic and hazardous substances and compounds stored at the facility. The list shall indicate the name, CASE number, quantity store, and any hazardous/toxic components of all substances and compounds.		
4. A description of all spill prevention equipment and structures employed including underground seepage protection, cathodic protection of underground tanks, leak detection equipment, liquid level sensing devices, alarms, collision protection, diversionary structures, dikes, berms, sealed drains, etc. All such equipment and structures should be shown or referenced on the layout drawings required by element 2 of this checklist.		

Attachment L: Plan Checklist (continued)

Spill Prevention and Control Plan Checklist

5. A description of each facility used for the storage, collection, transfer, transport, treatment, loading or unloading of the substances listed in the plan as required by element 3 of this checklist and an evaluation of each facility's potential to generate a spill, leak or other unplanned release and the potential magnitude of such a release as related to the containment capacities of the various spill control structures described in the plan required by element 4 of this checklist. The evaluation must demonstrate that good engineering practices are satisfied, including the spill prevention and control requirements of 40 CFR 112, 40 CFR 264 and the General Permit for the Discharge of Stormwater Associated with Industrial Activities as applicable. At a minimum, the plan should provide that all areas in which chemicals are stored are provided with impermeable containment which will hold at least the volume of the largest chemical container, or 10% of the total volume of all containers in the area, whichever is larger, without overflow from the containment area. In addition, no interior building floor drains shall exist which are connected to any storm drainage system or which may otherwise direct interior floor drainage to exterior surfaces, unless such floor drain connection has been approved and permitted by DEEP.		
6. A description of spill prevention procedures including practices to ensure tanks are not overfilled, chemical transfer procedures, chemical disposal practices, security measures, and operation and maintenance procedures. Descriptions of the type and frequency of inspections and monitoring for leaks or other conditions that could lead to spills shall be included in the plan.		
7. A list of available emergency response equipment at the site including a physical description of such equipment and its location. The location should be indicated on the facility layout required by element 2 of this checklist. The list of equipment should include, at a minimum, the following: a. Communication Equipment and Alarms b. Spill Containment and Control Equipment and Tools c. Spilled Material Storage Containers d. Protective Clothing and Respirators e. First Aid Kits f. Decontamination Equipment g. Ventilation Equipment		
8. A detailed description of procedures to be followed when responding to a spill at the facility. This description should cover the following items: a. Notification of Facility Personnel for Responding to Spills b. Chain of Command for Spill Response c. Evacuation Procedures d. Notification of Response Agencies and Contractors e. Spill Assessment and Response Procedures		

Attachment L: Plan Checklist (continued)

Spill Prevention and Control Plan Checklist

f. Procedures for Preventing Contact between Incompatible Materials g. Procedures for Disposing or Treating Spilled Material		
9. A description of follow-up reporting and documentation procedures to be followed in the event of a spill. A copy of the forms used should be included.		
10. A detailed outline of the training program or programs given to employees which will enable them to understand the processes and materials with which they are working, the safety and health hazards of such processes and materials, and the procedures and practices for preventing and responding to spills. A discussion of the appropriateness of training provided to each employee or group of employees should also be included in the plan.		
11. A history of spills and leaks of five gallons or more of toxic or hazardous substances as defined in RCSA Section 22a-430-4 Appendix B and Appendix D and 40 CFR Part 116.4, oil, and process wastewaters that occurred at the facility within the last three years. As applicable, include at a minimum, the following information: a. Type and amount of substance spilled b. Location, date, and time of spill c. Watercourse, soil or ground water affected d. Cause of Spill e. Action taken to prevent recurrence		

Registrant Signature	Date
Name of Registrant Name (print or type)	Title (if applicable)

Note: If the registrant has already prepared a Spill Prevention, Control, and Countermeasure (SPCC) Plan in accordance with 40 CFR Chapter 1 Part 112, or Part 1510 of Chapter V, or a Stormwater Pollution Prevention Plan, or some other emergency or contingency plan, that plan need only be amended to incorporate provisions for the management of toxic and hazardous substances, process wastewaters, and quantities of oil outside of the scope of the SPCC Plan that are sufficient to comply with the requirements of Section 22a-430-3(p) of the Regulations of Connecticut State Agencies (RCSA). This checklist provides the requirements for satisfying Section 22a-430-3(p) RCSA.

In the space below, please provide the names of the persons who prepared the Spill Control and Prevention Plan and a brief description of the qualifications of each preparer, (i.e., professional certifications, education background, related work experience, etc.).

Spill Control and Prevention Plan Revision Date:

Attachment M: Solvent Management Plan Checklist (If Applicable for Metal Finishing Wastewater Dischargers)

If applicable, a Solvent Management Plan containing all of the elements described in Appendix D of the SIU GP shall be submitted with this completed checklist when a registrant proposes to forego monitoring of TTOs in accordance with Section 5A(b)(1)(B) of the subject general permit.

Review the following plan elements to ensure that each element is included and adequately addressed in your solvent management plan. Submit this checklist with your solvent management plan. A copy of the solvent management plan must be maintained on-site at all times. Verify that the plan is adequate with respect to each element by inserting your initials in the space provided. For elements which have been determined to be not applicable to the facility, please indicate "N/A" next to the element and provide a brief explanation. Attach additional sheets if necessary.

Plan Elements	Initial/Not Applicable	Page #
1. An inventory of toxic organic compounds used or suspected to be present in the discharges. This inventory shall include the trade name/manufacturer, quantity and concentration of each toxic organic compound and the source of each toxic organic compound.		
2. A list of all processes where TTOs are used at the facility and a description of the methods used to ensure that TTOs do not enter any wastewaters at the facility.		
3. The method of disposal of toxic organic compounds including the method of storage of such compounds prior to disposal. This section shall identify the quantity and size of containers used for collection of toxic organic compounds, the maximum quantity of materials containing toxic organic compounds stored on-site at any one time, the frequency when spent toxic organic compounds are replaced and disposed of, the storage locations prior to disposal and the name of any licensed haulers disposing of such compounds.		
4. Housekeeping and Recordkeeping Procedures: Descriptions of the type and frequency of inspections and monitoring for leaks or other conditions that could lead to spills of toxic organic compounds shall be provided. Also, recordkeeping log forms shall be kept in each area where materials containing toxic organic compounds are present. These forms shall list all toxic organic compounds found in the area and material safety data sheets for each material containing toxic organic compounds.		
5. Spill and Leak Prevention Measures: A description of each area used for the collection, storage and transfer of materials containing toxic organic compounds and an evaluation of such an area for its potential to generate a spill, leak or any other unplanned release of materials containing toxic organic compounds. Also, include a description of all spill prevention equipment and structures utilized at the facility.		
6. Cleanup and Disposal Procedures: A detailed description of procedures to be followed when responding to a spill at the facility. This description should include all the items listed in element 8 of the Spill Control Plan Checklist.		
7. Plot Plan: A plot plan of the facility should clearly show all collection, storage and transfer areas of toxic organic compounds including floor drains, the direction of drainage from a potential spill and spill prevention structures and equipment.		

Attachment M: Solvent Management Plan Checklist (If Applicable) (continued)

8. Historical Data: Summarize and evaluate any Total Toxic Organic (TTO) monitoring results over the past 2 years.		
Registrant Signature	Date	
Name of Registrant Name (print or type)	Title (if applicable)	
In the space below, please provide the names of the persons who prepared the Solvent Management Plan and a brief description of the qualifications of each preparer, (i.e., professional certifications, education background, related work experience, etc.).		
Solvent Management Plan Revision Date:		

Attachment R: Request for Variance

For metal finishing wastewater discharges, requests for variances from the effluent limitations listed in Section 5A(a) of the SIU GP will only be considered for nitrogen, oil and grease, or total suspended solids.

Note: DEEP shall not grant a variance from any requirement of the SIU GP which will result in any violation of the general prohibitions as specified in subsection 5(a)(2) of the SIU GP.

Part I: Facility Information

1. a. Registrant Name**:**

   Site address:
   City/ town:

   b. Name of Receiving POTW:

Part II: Description of Variance

1. List the subject pollutant and its effluent limit for which the variance is sought.

2. Description of variance sought:

Part II: Description of Variance (continued)

3. Describe efforts made to comply with the limit for which the variance is sought.

4. Describe and submit with this form, documentation that the variance sought is negligible and that granting of the variance will not result in any violation of Section 5(a)(2) of the SIU GP. (If applicable, attach lab analyses which describe concentration of the subject pollutant(s) for which the variance is sought and mass loading calculations.)

Part III: Certification

"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 those 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 made 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."

_____ _____
Signature of Registrant Date

_____ _____
Printed Name Registrant Title

Note: Please attach this Request for Variance to Attachment D: Approval for Connection/Transport to a POTW so that each applicable POTW Authority can review both simultaneously.

Part IV: POTW Approval

_____ _____
POTW Authority Signature Date

_____ _____
Printed Name of POTW Authority Title