



## Facility and Wastewater Treatment System Modification Request for Determination

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: see below

Please complete this form in accordance with the [instructions](#) to ensure the proper handling of your request. Print or type unless otherwise noted. **Complete the [“Preliminary Checklist for Submitting a Request for 3\(i\) Determinations”](#) to determine if you need to fill out and submit this form.**

Completion and submission of this form constitutes the request for determination pursuant to section 22a-430-3(i) of the Regulations of Connecticut State Agencies (RCSA). This form may be used for wastewater generating activities currently licensed to discharge to the waters of the state by either an individual surface water discharge permit, pretreatment permit or a subsurface disposal system permit issued in accordance with section 22a-430 of the Connecticut General Statutes and RCSA sections 22a-430-3 and 22a-430-4.

### Part I: Request Type and Description

Check the appropriate box(es) identifying the permit type.

Type of Receiving Water (select one)	CPPU USE ONLY
<input type="checkbox"/> NPDES (Surface water): (select one below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility or process modification (3(i)(2)) [# 1725]</li> <li><input type="checkbox"/> Wastewater treatment system modification (3(i)(3)) [#1724]</li> <li><input type="checkbox"/> Both (3(i)(2) and 3(i)(3)) [#1724 + #1725]</li> </ul>	Program: Industrial NPDES Permits
<input type="checkbox"/> POTW (sewer): (select one below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Facility or process modification (3(i)(2)) [# 1723]</li> <li><input type="checkbox"/> Wastewater treatment system modification (3(i)(3)) [#1722]</li> <li><input type="checkbox"/> Both (3(i)(2) and 3(i)(3)) [#1722 + #1723]</li> </ul>	Program: Industrial Pre-treatment Permits
<input type="checkbox"/> Subsurface Disposal System (groundwater) (select one below) <ul style="list-style-type: none"> <li><input type="checkbox"/> Wastewater treatment system modification (3(i)(3)) [#2235]</li> </ul>	Program: Domestic Sewage UIC
1. Existing permit or authorization number: 2. Expiration Date:	

## Part II: Fee Information

There is no fee for submitting this request.

## Part III: Permittee Information

- If the permittee is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the permittee'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 the permittee is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

### 1. Permittee Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

Contact Person Title:

\*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 application. 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) Permittee 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 database. ([onlineBusinessSearch \(ct.gov\)](http://onlinebusinesssearch.ct.gov))

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

#### b) Permittee's interest in property at which the proposed activity is to be located:

- site owner       option holder       lessee  
 easement holder       operator       other (specify): \_\_\_\_\_

- Check if any co-permittees. If so, attach additional sheet(s) with the required information as requested above.

## Part IV: Site Information

### SITE NAME AND LOCATION

Name of Site:

Street Address or Location Description:

City/Town:

State:

Zip Code:





## Part VII: Description of Proposed Modification (continued)

6. Provide a demonstration or detailed explanation with supporting documentation that clearly shows the projected worst-case concentration of *any substance* addition resulting from the proposed modification(s) will **not** cause any of the below. Provide the results of any bench scale studies or additional sampling which may have been performed to support your analysis as Attachment F.
- Interference with or adverse effect upon the operation of the wastewater collection and treatment facility or receiving POTW,
  - Interference with or adverse effect upon the ability of the treatment system or receiving POTW to handle, use or dispose of sludge,
  - The treatment facility or receiving POTW to exceed its influent design loading,
  - The discharge to violate any condition of the permit including but not limited to exceeding effluent limitations,
  - Pass through of any substance into the receiving waters which may cause or threaten pollution,
  - Non-compliance with any of the prohibitions of RCSA Section 22a-430-4(t)(2),
  - Inconsistency with the Connecticut Water Quality Standards, RCSA Section 22a-426-1 through 9.
7. A) For discharges to a POTW: As a result of the proposed modification(s), will the discharge contain a substance, which, in the absence of a wastewater discharge permit, would be considered a hazardous waste under 40 CFR Part 261?  Yes  No
- B) If yes, provide the following:
- 1.Name of the hazardous waste as set forth in 40 CFR part 261: \_\_\_\_\_
  - 2.EPA hazardous waste number: \_\_\_\_\_
  - 3.Identify the type of discharge (continuous, batch, or other): \_\_\_\_\_
- C) Does the discharge contain more than 100 kg of such waste per calendar month? Yes No
- D) If yes, provide a list of the hazardous constituents contained in the waste and an estimate of the mass (per month and per year) and concentration of such constituents.
8. A) For discharges to a POTW: As a result of the proposed modification(s), will the discharge substantially be changed in volume or character of pollutants?  Yes  No
- B) If yes, provide a brief description of the proposed change in volume or character of pollutants in the discharge:

## Part VIII: Summary of Discharge Analyses

1. A) Have there been any permit limit exceedances in the past 2 years?  Yes  No
- B) Was any permit parameter exceeded by more than twice the permit limit or occurred more than three times in the past 2 years?  Yes  No
- C) If yes to A or B, describe the steps taken to investigate the root cause and the corrective actions taken to correct the problem.

2. How will the proposed modification(s) affect the effluent concentration of the permitted parameters?

## Part IX: Supporting Documents

Be sure to read the instructions to determine which attachments are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this 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 facility name and permit number.

Check all that are applicable to your request:

***For Subsurface Disposal Systems: Only Attachments A and B are required.***

- Attachment A: Plans and Specifications for Proposed Process/Collection/Treatment Equipment
- Attachment B: Site Plan/Floor Plan
- Attachment C: Line Drawings of ***Existing and Proposed*** Process/Collection/Treatment Operations
- Attachment D: Process Flow Diagram of ***Existing and Proposed*** Process/Collection/Treatment Operations
- Attachment E: Safety Data Sheets
- Attachment F: Results of any bench scale studies or additional sampling which may have been performed to support your analysis as described in Part VII, item 4 of this form.

**Part X: Certification**

The permittee *and* the individual(s) responsible for actually preparing the request must sign this part. This request will be considered incomplete unless all required signatures are provided. If the permittee is the preparer, please mark N/A in the spaces provided for the preparer.

"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 Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

I understand that I am obligated to notify DEEP of any modification made to wastewater generating processes, collection, or treatment systems which has the potential to affect my ability to comply with the terms and conditions of the existing permit and to obtain all necessary permit modifications.

All proposed modifications specified herein will be made in accordance with the resource conservation and spill prevention and control requirements of RCSA Sections 22a-430-3(o) and 22a-430-3(p).

All modified facilities and systems and parts thereof for wastewater collection, storage, treatment and control will be operated and maintained according to the operation and maintenance requirements of RCSA Section 22a-430-3(f). The facility's operation and maintenance plan will be updated to reflect all changes made to such facilities and systems.

For any discharge to a POTW, if the proposed change is expected to elevate the discharge volume above its typical average, present a new substance to the waste stream, or cause the waste stream to be identified as a hazardous waste under 40 CFR Part 261 in the absence of a discharge permit, I have notified the local POTW by submitting a signed copy of this completed form to the receiving POTW.

The proposed modifications are not expected to violate the terms and conditions of the facility's existing permit."

\_\_\_\_\_  
Signature of Permittee's Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Permittee's Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Preparer (if different from above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Title

Note: Please submit this form and all Supporting Documents to:

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