



Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters)

CPPU USE ONLY

App #: _____

Doc #: _____

Check #: _____

PROGRAM: Municipal NPDES Permits

Please complete this form in accordance with CGS section 22a-430 and RCSA sections 22a-430-3, 4, 6 and 7 and the [instructions](#) (DEEP-WPMD-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee, a copy of the published notice of permit application and the completed [Certification of Notice Form](#) along with this form.

Part I: Application Type and Description

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p>	<p>For renewals or modifications:</p> <p>1. Existing permit or authorization number: _____</p> <p>2. Expiration Date: _____</p>
<p>Town where site is located: _____</p> <p>Facility Name: _____</p>	

Part II: Fee and Public Notice Information

<p>1. The initial fee of \$1,300.00 [#1818] is to be submitted with <i>each</i> application for a new permit or a renewal of an existing permit. The initial fee of \$940.00 [#1815] is to be submitted with <i>each</i> application for a modification of an existing permit. The fee for municipalities is 50% of the above listed rate. The application will not be processed without the initial fee. An invoice will be sent for the remaining application processing fee as listed in RCSA section 22a-430-6. The fee shall be <i>non-refundable</i> and shall be paid by check or money order to the Department of Energy and Environmental Protection or through the E-Payment portal.</p> <p><input type="checkbox"/> Check here if paying online through the E-Payment portal; <i>After the application is received and entered, pay instructions will be emailed to the Primary/ Billing Contact listed</i></p> <p>2. The public notice of application must be published prior to submitting an application, as required in CGS section 22a-6g. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will not be processed if Attachment AA is not included.</p> <p>Date of publication: _____</p> <p>The applicant is responsible for publishing legal notice in accordance with the requirements of CGS section 22a-6g, and all applicable laws.</p>

Part III: Applicant Information

- If an applicant 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 applicant'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 an applicant 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 you must contact the specific program from which you hold a current DEEP license.
- For further information concerning facility modifications, please contact Water Protection & Land Reuse (WPLR) at 860-424-3704.

1. Applicant 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 application. 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) Applicant Type (check one):

☐ municipality ☐ federal agency ☐ state agency ☐ individual ☐ 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.

b) Applicant'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-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

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

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 application. 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 attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

*E-mail:

5. Wastewater Treatment Contract Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Property Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.

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. Label and attach the sheets to this page.

Part IV: Pre-Application Meeting

If a pre-application meeting was held, provide the following:

DEEP Staff Name: _____

Pre-Application Meeting Date: _____

☐ Multiple permits

☐ Single permit

Part V: Site Information

1. SITE NAME AND LOCATION

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

2. TRIBAL RESERVATION LANDS: Will the activity which is the subject of this application be located on:

- a) Federally recognized tribal reservation lands? (refer to [EPA's Region 1 Tribal Program](#) to confirm)
☐ Yes ☐ No

If Yes, permit applicants should contact [EPA's Region 1 Tribal coordinator](#) if they are proposing development on a federal reservation.

- b) State recognized tribal reservation lands? ☐ Yes ☐ No

If Yes, state permits may be required. Please contact [CT DEEP Tribal Affairs](#) for potential permitting requirements.

- c) Does the facility discharge to a receiving water that flows through Tribal Reservation Lands?
☐ Yes ☐ No

Part V: Site Information (continued)

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

If yes, and this application 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 E.

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:** Is the discharge in an area mapped by the [NDDB Freshwater Mussel Map](#), with the exception of the *Connecticut River*?

☐ Yes ☐ No Date of Map Review:

If No, or the discharge is directly to the Connecticut River, no further NDDB review is required.

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 F. 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 the [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 860-424-3019.

Part V: Site Information (continued)

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 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 G.

7. **ENVIRONMENTAL JUSTICE COMMUNITY:** Is this an application for a new or expanded permit for a sewage treatment plant with a design flow greater than **50** MGD? ☐ Yes ☐ No

If yes is answered for the question above **and** the sewage treatment plant is located within an Environmental Justice Community, as defined in the [Environmental Justice Public Participation Guidelines](#) at: [DEEP-Environmental-Justice](#), you must prepare an Environmental Justice Public Participation Plan (DEEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan **prior** to submitting this application. Once you have received written approval for your Environmental Justice Public Participation Plan from the DEEP, submit this completed application with a copy of the Plan approval as Attachment H.

Part VI: Facility or Activity Information

1. Provide a brief description of the facility or activity generating the discharge (including products produced or services provided, if applicable).			
2. SIC Codes: Primary: 4 9 5 2 Additional:			
3. In the table below, identify wastes or wastewaters licensed by another permit or general permit (such as grit, screenings, sludge etc.)			
Type	Quantity (mass per unit time)	Method of disposal (incineration, waste hauler, etc.)	
4. Inventory of toxic and hazardous substances and oil or petroleum liquids (please see instructions)			
<input type="checkbox"/> Check here if additional sheets are necessary. If so, please reproduce this sheet and attach copies to this sheet.			
Name of toxic or hazardous substance or oil	Use of toxic or hazardous substance and maximum quantity used per day	If stored on-site, indicate maximum quantity of stored substance	TRI pollutant yes or no
5. For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:			
Identification of Requirement (federal, state or local)	Brief Description of Project and Status	Final Compliance Date (Indicate whether required or projected)	

Part VI: Facility or Activity Information (continued)

6. Indicate below any existing environmental permits. (Check all that apply and provide the corresponding permit number for each.)			
<input type="checkbox"/> NPDES (discharges to surface water) Permit #:	<input type="checkbox"/> RCRA (hazardous waste) Permit #:	<input type="checkbox"/> UIC (underground injection control) Permit #:	
<input type="checkbox"/> PSD (air emissions) Permit #:	<input type="checkbox"/> Nonattainment program (CAA) Permit #:	<input type="checkbox"/> NESHAPs (CAA) Permit #:	
<input type="checkbox"/> Ocean dumping (MPRSA) Permit #:	<input type="checkbox"/> Dredge or fill (CWA Section 404) Permit #:	<input type="checkbox"/> Other (specify): Permit #:	

7. Provide the collection system information requested below for the treatment works.			
<input type="checkbox"/> Check here if additional sheets are necessary. If so, please reproduce this sheet and attach copies to this sheet.			

Municipality Served	Population Served	Collection System Type	Ownership Status
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
		_____ % separate sanitary sewer _____ % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain <input type="checkbox"/> Own <input type="checkbox"/> Maintain
Total Population Served		Separate Collection System	Combined Collection System
Total miles of each type of sewer line		_____ miles	_____ miles

Part VI: Facility or Activity Information (continued)

8. Provide design <i>and</i> actual flow rates in the designated spaces.		Design Flow Rate	
		_____ MGD	
Annual Average Flow Rates (Actual)			
Two Years Ago	Last	This Year	
_____ MGD	_____ MGD	_____ MGD	
Maximum Daily Flow Rates (Actual)			
Two Years Ago	Last	This Year	
_____ MGD	_____ MGD	_____ MGD	
9. Provide the total number of POTW effluent discharge points to waters of the United States by type.			
Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses
_____	_____	_____	_____
10. Does the POTW discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes – provide the location of each surface impoundment and associated information below: <input type="checkbox"/> No SKIP to Item 11			
Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)	
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
11. Is POTW effluent applied to land? <input type="checkbox"/> Yes – provide the land application site and discharge data in the table below: <input type="checkbox"/> No - SKIP to Item 12			
Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Part VI: Facility or Activity Information (continued)

12. Is POTW effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Item 15				
Describe the means by which POTW effluent is transported (e.g., tank truck, pipe).				
13. Is the POTW effluent transported by a party other than the applicant? <input type="checkbox"/> Yes – provide information on the transporter below: <input type="checkbox"/> No - SKIP to Item 14				
Entity name:		Mailing address (street or P.O. box):		
City or town:		State:	ZIP code:	
Contact name (first and last):		Title:		
Phone number:		Email address:		
14. In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility in Item 12.				
Facility name:		Mailing address (street or P.O. box):		
City or town:		State:	ZIP code:	
Contact name (first and last):		Title:		
Phone number:		Email address:		
NPDES number of receiving facility (if any): <div style="text-align: right;"><input type="checkbox"/> None</div>		Average daily flow rate: mgd		
15. Is the POTW effluent disposed of in a manner other than those already mentioned in Items 9 through 14 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes – provide information on other disposal methods below: <input type="checkbox"/> No - SKIP to Item 16				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Part VI: Facility or Activity Information (continued)

16. Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes – provide information for each contractor below: <input type="checkbox"/> No - SKIP to Item 17					
	Contractor 1	Contractor 2	Contractor 3		
Contractor name (company name)					
Mailing address (street or P.O. box)					
City, state, and ZIP code					
Contact name (first and last)					
Phone number					
Email address					
Operational and maintenance responsibilities of contractor					
17. Provide the treatment works' current average daily volume of inflow and infiltration.			Average Daily Volume of Inflow and Infiltration		
			gpd		
Indicate the steps the facility is taking to minimize inflow and infiltration:					
18. Are improvements to the facility scheduled? <input type="checkbox"/> Yes - Briefly list and describe the scheduled improvements. <input type="checkbox"/> No - SKIP to Item 19					
1.					
2.					
3.					
Provide scheduled or actual dates of completion for improvements.					
Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					

Part VI: Facility or Activity Information (continued)

18. (continued) Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable			
Explanation:			
19. Provide the following information for each POTW outfall. (Attach additional sheets if you have more than three outfalls.)			
	Outfall Number _____	Outfall Number _____	Outfall Number _____
State			
County			
City or town			
Distance from shore	ft.	ft	ft
Depth below surface	ft	ft	ft
Average daily flow rate	mgd	mgd	mgd
Latitude	° ' "	° ' "	° ' "
Longitude	° ' " ' "	° ' " ' "	° ' " ' "
20. Do any of the POTW outfalls described under Item 19 have seasonal or periodic discharges? <input type="checkbox"/> Yes – provide information below for each outfall: <input type="checkbox"/> No - SKIP to Item 21			
	Outfall Number _____	Outfall Number _____	Outfall Number _____
Number of times per year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	MGD	MGD	MGD
Months in which discharge occurs			
21. Are any of the POTW outfalls listed under Item 20 equipped with a diffuser? <input type="checkbox"/> Yes - Briefly describe the diffuser type at each applicable outfall. <input type="checkbox"/> No - SKIP to Item 22			
	Outfall Number _____	Outfall Number _____	Outfall Number _____

Part VI: Facility or Activity Information (continued)

22. Does the treatment works discharge or plan to discharge effluent to waters of the United States from one or more discharge points?

- ☐ Yes - Provide the receiving water and related information (if known) for each POTW outfall
☐ No - SKIP to Part VII

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Receiving water name			
Name of watershed, river, or stream system			
U.S. Soil Conservation Service 14-digit watershed code			
Name of state management/river basin			
U.S. Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (acute)	cfs	cfs	cfs
Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃

23. Provide the following information describing the treatment provided for discharges from each POTW outfall listed in Item 22.

	Outfall Number _____	Outfall Number _____	Outfall Number _____
Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify):
Provide Design Removal Rates by Outfall			
BOD ₅ or CBOD ₅	%	%	%
TSS	%	%	%
Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify):	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %

Part VI: Facility or Activity Information (continued)

24. Describe the type of disinfection used for the effluent from each POTW outfall listed in the table below. If disinfection varies by season, describe below.						
	Outfall Number _____		Outfall Number _____		Outfall Number _____	
Disinfection type						
Seasons used						
Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Indicate the number of acute and chronic WET tests conducted since the last permit reissuance on any of the facility's discharges or on any receiving water near the discharge points.						
	Outfall Number _____		Outfall Number _____		Outfall Number _____	
	Acute	Chronic	Acute	Chronic	Acute	Chronic
Number of tests of POTW effluent						
Number of tests of receiving water						
26. Indicate the dates the WET data were submitted to your NPDES permitting authority and provide a summary of the results.						
Date(s) Submitted (MM/DD/YYYY)		Summary of Results				
27. Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Item 29						
Describe the cause(s) of the toxicity: 						
28. Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Item 29						
Provide details of any toxicity reduction evaluations conducted. 						

Part VI: Facility or Activity Information (continued)

29. Does the POTW receive discharges from Significant Industrial Users (SIUs) or Non-Significant Categorical Industrial Users (NSCIUs)?

☐ Yes

☐ No - SKIP to Item 34

30. Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Number of SIUs	Number of NSCIUs

31. Does the POTW have an approved pretreatment program?

☐ Yes

☐ No

32. Have you submitted either of the following to the NPDES permitting: (1) a pretreatment program annual report or (2) a pretreatment program?

☐ Yes – Identify the title and date below and then SKIP to Item 34

☐ No – SKIP to Item 33

Identify the title and date of the annual report or pretreatment program:

Part VI: Facility or Activity Information (continued)

33. Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	gpd	gpd	gpd
How much of the average daily volume is attributable to process flow?	gpd	gpd	gpd
How much of the average daily volume is attributable to non-process flow?	gpd	gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

33 Is continued below

Part VI: Facility or Activity Information (continued)

Continuation of 33 - Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

Part VI: Facility or Activity Information (continued)

34. Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?

☐ Yes – provide the following information below: ☐ No - SKIP to Item 35

Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units
	<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify):		

35. Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?

☐ Yes ☐ No

36. Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?

☐ Yes - SKIP to Item 37 ☐ No - Provide the following information:

Provide as Attachment Z, identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW.

37. Does the treatment works have a combined sewer system?

☐ Yes – provide the information below: ☐ No - SKIP to Part VII

Provide the collection system information requested below for the treatment works:

Municipality Served	Population Served	Collection System Type (indicate percentage)	Ownership Status	
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain

Part VI: Facility or Activity Information (continued)

37. (continued)

Provide the collection system information requested below for the treatment works:

Total Population Served	Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer
Total miles of each type of sewer line	miles	miles

For each CSO outfall, provide the following information (Attach additional sheets as necessary):

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
City or town			
State and ZIP code			
County			
Latitude	° ' " '	° ' " "	° ' " "
Longitude	° ' " '	° ' " "	° ' " "
Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.

Provide data (if available) for the past year for all CSO outfalls (Attach additional sheets as necessary) :

	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI: Facility or Activity Information (continued)

Provide the following information (if available) for each of your CSO outfalls (Attach additional sheets as necessary) :			
	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Number of CSO events in the past year	_____ events	_____ events	_____ events
Average duration per event	_____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Average volume per event	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	_____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Provide the information in the table below for each of your CSO outfalls (Attach additional sheets as necessary) :			
	CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown _____	<input type="checkbox"/> Unknown _____	<input type="checkbox"/> Unknown _____
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown _____	<input type="checkbox"/> Unknown _____	<input type="checkbox"/> Unknown _____
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

Part VII: Supporting Documents

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

- ☐ Attachment AA: a copy of the published notice of permit application, as described in the instructions, attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A)
- ☐ Attachment A: [Executive Summary](#) (DEEP-WPED-APP-101)
- ☐ Attachment B: [Applicant Background Information Form](#) (DEEP-APP-008); if applicable
- ☐ Attachment C: [Applicant Compliance Information Form](#) (DEEP-APP-002); if applicable
- ☐ Attachment D: A USGS Quadrangle Map indicating the exact location of the facility or site and [Latitude and Longitude Form](#) (DEEP-APP-003)
- ☐ Attachment E: [Coastal Consistency Review Form](#) (DEEP-APP-004); if applicable
- ☐ Attachment F: 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 application. Be aware that you must renew your NDDDB Determination if it expires before project work commences.
- ☐ Attachment G: Conservation or Preservation Restriction Information; if applicable.
- ☐ Attachment H: Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.)
- ☐ Attachment I-1: Site Plans
- ☐ Attachment I: Operation and Maintenance for Collection and Treatment Systems: [General Description, Plan Checklist and Certification](#) (DEEP-WPED-APP-103). For renewals, refer to Attachment X.
- ☐ Attachment M: Line Drawing and Process Flow Diagram
- ☐ Attachment N: Description and Plans and Specifications of Collection, Treatment and Disposal Systems (submit for new construction only). For renewals, refer to Attachment X.
- ☐ Attachment P: [Sewage Sludge Information](#) (DEEP-WPED-APP-108)
- ☐ Attachment W: [For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEEP](#), (DEEP-WPED-APP-102)
- ☐ Attachment X: [Certification Regarding Submittal of Previously Approved Documents](#), (DEEP-WPMD-APP-302); if applicable
- ☐ Attachment Y: [Discharge Information](#) (DEEP-WPMD-APP-301)
- ☐ Attachment Z: If the POTW receives (or expects to receive) equal to or greater than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e), then provide identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW.

Part VIII: Applicant Certification

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

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I 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>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I have complied with all notice requirements as listed in section 22a-6g of the General Statutes."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)	

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

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

Please remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A) as Attachment AA to this application.