



**Connecticut**  
**Department of Energy &**  
**Environmental Protection**  
**Water Permitting and Enforcement Division**

# Application for an Emergency or Temporary Discharge Authorization

Please complete this form pursuant to section 22a-6k of the Connecticut General Statutes. You must submit the application fee along with this completed form. *Print or type unless otherwise noted.*

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
	_____

Notes: If the discharge is composed solely of groundwater remediation wastewater and is discharged to a sanitary sewer or to surface water, the discharger must file for authorization under the [General Permit for the Discharge of Groundwater Remediation Wastewater](#) (unless there is insufficient flow in the receiving water to meet the dilution requirements in the general permit).

If the discharge is to groundwater and is associated with insitu remediation, the discharger must file for authorization under the [Application for Emergency or Temporary Authorization to Discharge to Groundwater to Remediate Pollution](#)

## Part I: Application and Fee Information

Please check the category that applies:	Fees	Other Fees	CPPU USE ONLY Program / [rev id #:EA/TA]
<input type="checkbox"/> Sanitary Sewer Discharge	\$1500.00		Industrial Pretreatment / [#551/550]
<input type="checkbox"/> Surface Water Discharge	\$1500.00		Industrial NPDES / [#541/540]
<input type="checkbox"/> Groundwater Discharge (for groundwater discharges <b>not</b> associated with insitu remediation)	\$1500.00		UIC (subsurface) / [#1041/547]
<input type="checkbox"/> *Municipality			
<input type="checkbox"/> *Family Residence	\$0		
<input type="checkbox"/> Application of Pesticides: <i>Requiring NPDES Permit Authorization</i>	\$200.00		Industrial NPDES / TA only: [#2414]

\*The fee for municipalities is 50% of the above rates. The fee for single family residences shall be waived.

If an emergency exists on site, the application may be processed prior to submittal of fees. Fees shall then be due within 10 days of issuance of the authorization. If submitted fees are deemed inadequate, additional fees shall also be due within 10 days of issuance.

The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.

## Part II: 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.).*

### 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 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) Applicant Type (check one):

individual       federal agency       state agency       municipality       tribal

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

i) check type:  corporation       limited liability company       limited partnership

limited liability partnership       statutory trust       Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at the Secretary of State's database [onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov).

iii)  Check here if you are **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 II: 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 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.

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility Operator, if different than the applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**6. Site Owner, if different than the applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

## Part II: Applicant Information (continued)

**7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application [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.

## Part III: Site Information

**1. SITE NAME AND LOCATION**

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

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

**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 H.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://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](mailto:deep.store@ct.gov)).

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

### Part III: Site Information

**4. NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:**

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

Yes       No      Date of Map:

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

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

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

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

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

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

For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at [DEEP.AquiferProtection@ct.gov](mailto:DEEP.AquiferProtection@ct.gov).

**6. CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this application be located within a conservation or preservation restriction area?     Yes       No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment J.

**7. Is the site located within a 1/4 mile radius of a well used for potable supply?**     Yes       No

**8. Groundwater classification of the site:**

## Part IV: Activity Information

1. Maximum daily flow of the discharge: \_\_\_\_\_ gpd  
Number of hours per day of the discharge: \_\_\_\_\_  
Maximum Instantaneous Flow: \_\_\_\_\_ gpm

2. Provide a brief description of the activity producing the discharge:

3. Provide an estimated duration of the discharge activity. \_\_\_\_\_  
Estimated beginning date: \_\_\_\_\_  
Estimated ending date: \_\_\_\_\_.

4. Name of surface waterbody if discharging to a surface water, POTW if discharging to a POTW, or watershed if discharging to groundwater:  
\_\_\_\_\_

5. Type of contamination, if any:

6. Volume of product lost, if any:

## Part V: 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 A: A site diagram indicating the location of all structures, drainages, parking areas, monitoring or recovery wells or drinking water wells within a 1/4 mile radius of the site, and all existing or proposed equipment, structures and discharge locations associated with the discharge activity.
- Attachment B: An 8 1/2" by 11" copy of the relevant portion or a full-sized original of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the location of the site and the exact location of each discharge. Please include the quadrangle name and number of the USGS map on the copy.
- Attachment C: Plans and specifications for the proposed collection and treatment system to be installed on site.
- Attachment D: *Emergency or Temporary Authorization Screening Form* (DEEP-WPED-APP-201) (attached)  
Provide sample analyses results indicating pollutants in untreated water to be discharged. Any analyses results submitted must be from samples collected within the past 12 months and must include any known or existing contaminants. Contact WPED at 860-424-3025 if you have any questions. Analyses results must be submitted on the screening form provided. Please submit copies of the lab results also. If necessary, analyses conducted for soil characterization may be submitted in lieu of untreated water analyses.
- Attachment E: For all discharges to a sanitary sewer (POTW), an *Approval for Connection to a POTW* (DEEP-WPED-APP-202) (attached).
- Attachment F: A report detailing the nature of the work being conducted. If the discharge is to continue beyond 30 days, this report must detail the nature of the "imminent threat to human health or the environment".
- Attachment G: Please submit any additional information pertinent to the activity to be covered by this Authorization. For example, if the discharge includes a discharge of any substance to soil or groundwater, include site hydrogeology, boring logs, direction of groundwater flow, groundwater quality classification, location of monitoring and recovery wells, location of sensitive receptors (potable supply wells, streams, etc.), and detailed information on the substances to be discharged (MSDS sheets are typically not sufficient), etc. If new technology is to be implemented, include summaries of case studies, in addition to technology details.
- Attachment H: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment I: 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 J: Conservation or Preservation Restriction Information, if applicable.
- Attachment K: For applications of pesticides requiring NPDES permit authorization, submit a copy of the following form: [Approval of Registration Form for General Permit for Point Source Discharges to Waters of the State from the Application of Pesticides](#)

## Part VI: 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.

<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>	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Name of Applicant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. 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.)</p>	

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

Also send a copy of this completed form to:

- [deep.waterpermittingenforcement@ct.gov](mailto:deep.waterpermittingenforcement@ct.gov);
- the receiving POTW, for POTW discharges;
- or, the applicable town engineering department, for surface water or groundwater discharges.



# Attachment D: Emergency or Temporary Authorization Screening Form

Applicant's Name:  
(as indicated on the *Application Form*)

Site Address:

Sample monitoring results shall be recorded on this form. Samples shall be analyzed for all pollutants that are known or suspected to be present in the discharge before treatment, if any.

Date Sampled: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Parameter	Result 1	Result 2
Daily Flow		
VOCs (EPA Method 624) chlorinated compounds		
VOCs, Total (EPA Method 624)		
Oil & Grease - Hydrocarbon Fraction		
MTBE		
Total Lead		
Arsenic		
Barium		
Beryllium		
Boron		
Cadmium		
Chromium (total)		
Chromium (hexavalent)		
Cobalt		
Copper		
Magnesium		
Mercury		
Nickel		
Selenium		
Silver		
Thallium		
Tin		
Vanadium		
Zinc		
Total Cyanide		
Amenable Cyanide		
Phenols (EPA Method 625)		
Phthalate Esters (EPA Method 606)		
Polynuclear Aromatic Hydrocarbons (PAHs) (EPA Method)		
Base Neutral/Acid Extractables (BNAs) (EPA Method 625, Excluding PAHs & Phenols)		

## Attachment D: Emergency or Temporary Authorization Screening Form (continued)

Parameter		Result 1	Result 2
<b>Pesticides (EPA Method 608)</b>			
Aldrin			
alpha-BHC			
beta-BHC			
delta-BHC			
gamma-BHC (Lindane)			
Chlordane (technical)			
4,4' - DDD, plus 4,4' - DDE, plus 4,4' - DDT Combined			
Dieldrin			
Endosulfan I			
Endosulfan II			
Endosulfan Sulfate			
Endrin			
Endrin aldehyde			
Heptachlor			
Heptachlor epoxide			
Methoxychlor			
Toxaphene			
<b>Chlorinated Herbicides (EPA Method 615)</b>			
2,4 D plus 2,4 DB			
2,4,5 T			
2,4,5 TP (Silvex)			
Dicamba			
<b>PCBs (EPA Method 608)</b>			
Parameter	Result	Parameter	Result
PCB - 1016		<i>Other PCBs if present</i>	
PCB - 1221			
PCB - 1232			
PCB - 1242			
PCB - 1248			
PCB - 1254			
PCB - 1260		<b>Total PCBs:</b>	

## Attachment E: Approval for Connection to a POTW (Sanitary Sewer)

The applicant *and* a responsible official from the POTW receiving the discharge must sign this approval. *Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), both the local sewer commission and POTW authority must sign the approval.*

The below referenced facility is seeking Authority from the Department of Environmental Protection to discharge wastewater to the sanitary sewer for a period of _____ (check one)		
<input type="checkbox"/> <30 days	<input type="checkbox"/> >30 days to one year	<input type="checkbox"/> >1 year
Discharge volume will not exceed _____		gallons per day.
The discharge shall consist of:		
Discharge Site:		
Site Address:		
City/Town: _____	State: _____	Zip Code: _____
_____ Signature of Applicant		_____ Date
<b><i>To be completed by receiving POTW:</i></b>		
Name of Receiving POTW:		
Address of POTW:		
City/Town: _____	State: _____	Zip Code: _____
Approved by: _____	_____	_____
	Signature	Date
_____ Name (please print)	_____ Title	
<b><i>To be completed by Commission:</i></b>		
Local Sewer Commission:		
(if different than receiving POTW)		
Address:		
City/Town: _____	State: _____	Zip Code: _____
Approved by: _____	_____	_____
	Signature	Date
_____ Name (please print)	_____ Title	
Comments:		