



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Water Protection & Land Reuse
Water Planning & Management Division

DEEP USE ONLY

Date Received: _____

Date Approved: _____

Registered Diversion Surrender Form

Part I: Registrant Information

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

2. Authorized Agent Name:

Title:

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 matter. 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.

Part II: Registered Diversions Being Surrendered

(Provide Information Below Using Information Provided by or Available from DEEP)

Diversion Name	Registration No.	Registered Withdrawal (mgd)

Part III: Certification

"By signing this form, I voluntarily surrender the water diversion registration(s) listed in Part II of this form and any current rights associated with such registration(s). I also certify that the water diversion(s) authorized by the listed registrations have been discontinued and understand if in the future I or any other person reactivate the subject diversion(s), a permit is required pursuant to CGS section 22a-368 in order to authorize any diversion not otherwise exempt from the permit requirements. I understand that by surrendering the registration(s) and discontinuing the associated diversion(s), I am no longer required to comply with the requirements of Section 22a-368 through 22a-379 of the Connecticut General Statutes (CGS), or regulations thereunder, as may relate to the registration(s) listed in Part II of this form.

I have personally examined and am familiar with the information submitted in this document and with 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 certify that this request is on complete and accurate forms as prescribed by the commissioner without alteration of their text.

I understand that a false statement made in the submitted information may be punishable as a criminal offense, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.

By entering my name below, I agree that I am providing my legal signature, and am duly authorized to provide and am legally bound by the certifications above."

Signature

Date

Printed Name

Title (if applicable)

Signature of Preparer (if different than above)

Date

Printed Name of Preparer

Title (if applicable)

Note: Please submit this completed Form, to:

CONSUMPTIVE DIVERSION PROGRAM
WATER PLANNING AND MANAGEMENT DIVISION
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Or by email to: DEEP.WaterUseReport@ct.gov