Connecticut
Department of Energy & Environmental Protection
WATER PLANNING & MANAGEMENT

| CPPU USE ONLY |
|---|
| App #:_____ |
| Doc #:_____ |
| Check #:_____ |
| _____ |
| Program: Water Quality Standards & Classifications |

# Application for Ground Water Classification Change

Please complete this form in accordance with Connecticut General Statutes (CGS) Section 22a-426(f) and the instructions (DEEP-WQSC-INST-001) to ensure the proper handling of your application. Print or type unless otherwise noted. Applications to lower the ground water classification of a site must meet the criteria of the Regulations of Connecticut State Agencies (RCSA) Section 22a-426-7(k). (See the Permits and Licenses Page). All applicants should contact CT DEEP at (860) 424-3020 to verify applicability before submitting an application.

## Part I: Application Type and Description

| This application is to | If this application is associated with a request for a **Technical Impracticability** (TI) **Variance** under the Ground Water Remediation Standards RCSA Section 22a-134tt-10(e), please check here: ☐ |
|---|---|
| ☐ Lower the Ground Water Quality Classification for a site **from GA to GB** | |
| *Note that a request for a TI variance is a separate process from the reclassification application and checking the box above does not initiate the TI process. Contact Site Remediation at 860.424.3705 for further information on TI variance.* | |
| **Town where site is located:** _____ | |
| **Brief description of area proposed for Reclassification:** _____ | |

## Part II: Fee Information

There is no application fee at this time. However, if the request meets the criteria of the Water Quality Standards Regulations, the Commissioner shall publish a permit notice and the public hearing on the subject classification change in the local newspaper. The applicant will be billed for the cost of publishing the public notice. Final decision on the proposed change in classification will not be issued until the notice publication costs are paid by the applicant.

## 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 CT DEEP.* This information can be accessed at *the Secretary of State's Business Records Search database.*
- *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.).*

## Part III: Applicant Information (continued)

**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 *Business Records Search* *database.*

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:

**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:

## Part III: Applicant Information (continued)

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

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext.:

Contact Person: Phone: ext.

E-mail:

**6. Consultant(s) employed or retained to assist in preparing the application, if applicable.**

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 IV: Site Information

**1. SITE NAME AND LOCATION**

Name of Site:

Street Address or Location Description:

City/Town: State: Zip Code:

**2. AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in Connecticut General Statutes Section 22a-354a through 22a-354cc?

☐ Yes ☐ No To view the applicable list of towns and maps visit the CT DEEP Aquifer Protection Area Program website.

If yes, is the site within an area identified on a Level A or Level B map? ☐ Yes ☐ No

If your site is within a Level A or Level B Aquifer Protection Area, it will not be considered for reclassification, and any submitted requests will be denied.

## Part V: Status of CT DEEP Regulatory Programs

1. Succinctly describe the status of the site with respect to property transfer, voluntary remediation, or other remediation-related regulatory programs involving CT DEEP:

2. Name of Lead CT DEEP contact for regulatory program, if applicable: _____

## Part VI: Supporting Documentation

When submitting supporting documentation, please be sure to include the applicant's name, as indicated on this application form, on all documents submitted.

☐ Attachment A: Each application for a ground water reclassification must include supporting documentation which demonstrates that the site meets the criteria of RSCA Section 22a-426-7(k). Guidance for putting together such documentation can be found on the *Revised Guidance for the Submission of Applications to Lower Ground Water Quality Classifications to Class GB website*. Also see the *Instructions for Completing an Application for Ground Water Classification Change* (DEEP-WQSC-INST-001) for additional information.

## Part VII: 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.

"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.

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.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Registrant _____ Date:

Name of Registrant (print or type)

Title (if applicable):

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 application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: Please submit this completed Application Form to DEEP.CentralPermits@ct.gov and copy DEEP.WQS@ct.gov. If submitting a hard copy, please submit to:

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