



General Pretreatment Permit for Non-Significant Industrial User Discharges to Publicly Owned Treatment Works (Non-SIU GP)

Notification Form

A copy of this PDF must be submitted to each applicable municipal POTW Authority that conveys or receives the discharge(s) covered under this permit.

For questions regarding this submission, contact: CT DEEP Water Permitting and Enforcement Division

Email: DEEP.Pretreatment@ct.gov

Part 1: Notification Type

Please select one of the options below to indicate the status of your activity under the 2025 General Pretreatment Permit for Non-Significant Industrial User Discharges to Publicly Owned Treatment Works:

New Site Notification: This is a new activity and discharge seeking permit coverage.

Renewal Notification: This activity and discharge are currently covered under the existing permit, and you are seeking renewal under the 2025 General Permit.

Notice of Change (check all that apply)

Adding a discharge serial number ("DSN").

Modifying the wastewater description.

Introducing a pollutant to the authorized discharge that was indicated as **not** known or suspected present in the original application.

Changing pollutant loading beyond conditions permitted in the Notice of Coverage.

Increasing the maximum daily flow of any discharge.

Decreasing the maximum daily flow of a DSN that would result in a change in the monitoring frequency prescribed in Table 4-4 of this general permit.

Changing the monitoring location.

Request for a variance of a numeric effluent limit in the general permit.

Submittal of discharge screening analysis upon initiation of a discharge.

Change of name after the initial approval to discharge.

Correction of inaccurate or misleading information.

An expansion or alteration of the wastewater treatment system

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1. Describe the proposed modifications.
2. How will this affect the discharge?
3. What is the timeline for implementation?
4. What is expected completion date of the proposed modification(s)?

PFAS Status Report: This is submittal of an annual PFAS Status Report, as required by Section 4.14.2 of the permit.

1. Year submitting the annual PFAS Status Report for.
2. Provide a list of potential current and historical PFAS sources.
3. Describe the minimization methods under consideration and implemented under the PFAS Plan during the past year.
4. If any implemented minimization method is not performing as expected, explain the issues identified and any corrective measures taken or planned.
5. Describe any proposed adjustments to the PFAS Plan based on sample results and findings.
6. Describe the overall progress made in performing the actions required by the PFAS Plan, including discharge trends over the previous year.

Please answer the following questions regarding previous authorizations for the discharge.

1. Was the discharge previously authorized under a permit issued by DEEP?
Yes
2. Provide name of the previous permit and permit number (if applicable): MIU GP

Part 2: Applicant & Site Information

Provide the following contact information. For those entities registered with the Secretary of the State, please ensure that the name used in this registration is *exactly the same* as the registered name. This information can be accessed at the Secretary of State's database ([Business Records Search](#)).

1. Applicant

Applicant Name: ABC Company

Mailing Address: 123 Test Road

City/Town: Hartford

State: CT

Zip Code: 06106

Applicant Contact Person

First Name: Jane

Last Name: Test

Title: President

Phone Number: 860-555-5555

Ext. 123

E-Mail: **test@ct.gov**

2. Property Owner

Property Owner Name: ABC, LLC

Mailing Address: 456 Town Street

City/Town: New Britain

State: CT

Zip Code: 06050-1234

Property Owner Contact

First Name: Robert

Last Name: Smith

Title: CEO

Phone Number: 860-555-1234

Ext.

E-Mail: **rsmith@test.com**

3. Site

Site Name:

Site Address: 79 Elm St, Hartford, CT, 06106, USA

City/Town:

State:

Zip Code:

3.1. Is or will the facility be located on federally recognized Indian Lands?

Note: *If yes, the facility is not eligible for coverage under a state permit*

No

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4. Qualified Professionals (if applicable)

Service Provided 1: Preparer of Notification Form

First Name: John Last Name: Test Title: Project Manager

Mailing Address: 123 State Street

City/Town: Bloomfield State: CT Zip Code: 06001-7894

Phone Number: 860-555-6543 Ext. E-Mail: consultant@test.com

Service Provided 2:

First Name: Last Name: Title:

Mailing Address:

City/Town: State: Zip Code:

Phone Number: Ext. E-Mail:

Service Provided 3:

First Name: Last Name: Title:

Mailing Address:

City/Town: State: Zip Code:

Phone Number: Ext. E-Mail:

Part 3: Municipal Publicly Owned Treatment Works Information

Please provide the following information about the municipal POTW(s) receiving the wastewater discharge. If the wastewater is conveyed through a town that is not the same as the municipal POTW, provide the municipal Water Pollution Control Authority (WPCA) conveying the wastewater

Name of the municipal POTW receiving the wastewater: Mattabassett District WPCF, CT0100307

How does the wastewater reach the POTW? : Sanitary_Sewer

Name(s) of additional municipal WPCA that will be provided copies of this notification form:

Part 4: Discharge Information

Discharge Location #1

For each outfall provide all required information.

If you are registering more than one discharge location, you must complete this section separately for each discharge. A single monitoring location may represent other monitoring locations with similar pollutant and flow characteristics.

1. Discharge Serial Number: 001

2. Monitoring Location: directly from sump after oil/water separator

3. Method of flow measurement: Totalizing flow meter

4. Is pH monitored continuously? No

5. Date discharge began or will begin: 12/1/2003

6. Discharge duration?

Intermittent

6.1. If continuous how many hours per day does the discharge occur?

If Intermittent (batch and seasonal discharges):

6.2. Average number of discharges per day. 10

6.3. Days of the week discharges can or will occur. Monday, Tuesday, Wednesday, Thursday, Friday

6.4. Average duration (in hours) per discharge event. 0.17

6.5. Earliest time of day discharge can or will occur. 00:00

6.6. Latest time of day discharge can or will occur. 12:00

6.8. Any other relevant characteristics that describe the discharge frequency or flow pattern (e.g., intermittent, seasonal, batch discharges): discharge based on sump level

7. Provide a detailed description of each of the industrial activities, processes or activities generating the discharge.

Vehicle maintenance wastewater - vehicle washing, engine repair, and floor washdown, and air compressor condensate.

8. Provide a description of any wastewater treatment processes utilized to achieve compliance with any local ordinances or the effluent limits or conditions of the general permit.

oil/water separator

9. Choose all of the applicable treatment processes associated with this outfall.

Oil/Water_Separation

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10. Please provide a list of all substances that are used in your processes or added to the wastewater. This includes, but is not limited to: 1) Substances with effluent limits listed in Section 4.2 and 2) Substances listed in Appendix E or Appendix G of the Non-SIU General Permit.

Responses are provided at the end of Part 4 for this discharge location

11. Are any pollutants identified as emerging contaminants known or reasonably expected to be present, handled, stored, released or disposed of at the site where the discharge originates?

Note: "Emerging contaminants" means emerging contaminants as referenced at: [Emerging Contaminants and Federal Facility Contaminants of Concern | Cleanups at Federal Facilities | US EPA](#) or any other contaminant classified as emerging by the Commissioner.

No

12. Discharge Category(ies) and Flow Information:

Wastewater Category	Max Daily Flow (gpd)	Average Daily Flow (gpd)
Group I Process Wastewaters:		
Commercial laundry	0	0
Contact cooling and heating	0	0
Cutting and grinding	0	0
Food processing	0	0
Non-destruct testing	0	0
Photographic processing	0	0
Printing	0	0
Process building maintenance	0	0
Tumbling or cleaning	0	0
Water treatment	0	0
Process wastewaters, not otherwise specified	0	0
Total Max and Avg Daily Flow of Group I Discharges	0	0
Group II Non-process Wastewaters:		
Air compressor condensate and blowdown	100	75
Boiler blowdown	0	0
Fire suppression system testing	0	0
Hydrostatic pressure testing	0	0
Non-contact cooling water	0	0
Potable water system maintenance or sampling	0	0
Swimming pool	0	0

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Vehicle maintenance	5000	1500
Non-process wastewaters, not otherwise specified	0	0
Total Max and Avg Daily Flow of Group II Discharges	5100	1575

13. Discharge Screening Analysis

Returning Applicant

Parameter	Units	Maximum Result	Minimum Level	Average Result	Sample Type	Analytical Method	Non-SIU GP Limit
Aluminum, Total	mg/L	0.25		0.25	Grab	EPA 200.7	
Arsenic, Total	mg/L						0.1 mg/L
Biochemical Oxygen Demand (BOD ₅ -day)	mg/L	150		150	Grab	SM5210 B	600.0 mg/L
Chemical Oxygen Demand (COD)	mg/L	300		300	Grab	SM5520 B	1,200.0 mg/L
Cadmium, Total	mg/L	0.03		0.03	Grab	EPA 200.7	0.5 mg/L
Chromium, Total	mg/L	1.01		1.01	Grab	EPA 200.7	2.0 mg/L
Copper, Total	mg/L	0.5		0.5	Grab	EPA 200.7	2.0 mg/L
Iron, Total	mg/L	2.5		2.5	Grab	EPA 200.7	
Lead, Total	mg/L	0.09		0.09	Grab	SM3113 B	0.5 mg/L
Nickel, Total	mg/L	0.5		0.5	Grab	EPA 200.7	2.0 mg/L
Nitrogen, Total	mg/L	15		15	Grab	Calculation	40.0 mg/L
Total Kjeldahl Nitrogen (TKN)	mg/L	5		5	Grab	SM4500 NH3 C	
Nitrate (as N)	mg/L	5		5	Grab	EPA 300.0	
Nitrite (as N)	mg/L	5		5	Grab	SM4500-NO2 B	
Ammonia	mg/L	5		5	Grab	EPA 350.1	
Oil & Grease, Total	mg/L						100.0 mg/L
Oil & Grease, Non-polar Material	mg/L	3.5		3.5	Grab	EPA 1664A	100.0 mg/L
pH	S.U.	6.2	6.2	6.2	Grab	other	5.5-10.0 S.U. (5.0-12.0 S.U. for two

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							years from issuance if existing permittee)
Phosphorus, Total	mg/L						
Total Residual Chlorine	mg/L						3.0 mg/L
Silver, Total	mg/L		0.02		Grab	EPA 200.7	0.5 mg/L
Suspended Solids, Total	mg/L	23		23	Grab	SM2540 D	600 mg/L
Temperature	°F	65		65	Grab	other	140 °F
Volatile Organic Compounds	mg/L	1.2		1.2	Grab	EPA 624.1	5.0 mg/L
Zinc, Total	mg/L	1.2		1.2	Grab	EPA 200.7	2.0 mg/L
Other:	mg/L	Responses are provided at the end of Part 4 for this discharge location					

14. Per- and Polyfluoroalkyl Substances (“PFAS”) Analysis

Is the Applicant required to analyze for PFAS?

No

Analytical Method

PFAS Analytical Results are reported in ng/L.

PFAS Analytes	Analytical Results 1	Results 1 Minimum Level	Analytical Results 2	Results 2 Minimum Level
Perfluoroalkyl carboxylic acids				
Perfluorobutanoic acid, PFBA, CAS # 375-22-4				
Perfluoropentanoic acid, PFPeA, CAS # 2706-90-3				
Perfluorohexanoic acid, PFHxA, CAS # 307-24-4				
Perfluoroheptanoic acid, PFHpA, CAS # 375-85-9				
Perfluorooctanoic acid, PFOA, CAS # 335-67-1				
Perfluorononanoic acid, PFNA, CAS # 375-95-1				
Perfluorodecanoic acid, PFDA, CAS # 335-76-2				
Perfluoroundecanoic acid, PFUnA, CAS # 2058-94-8				
Perfluorododecanoic acid, PFDoA, CAS # 307-55-1				
Perfluorotridecanoic acid, PFTTrDA, CAS # 72629-94-8				

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Perfluorotetradecanoic acid, PFTeDA, CAS # 376-06-7				
Perfluoroalkyl sulfonic acids				
Perfluorobutanesulfonic acid, PFBS, CAS # 375-73-5				
Perfluorobutanesulfonic acid, PFPeS, CAS # 2706-91-4				
Perfluorohexanesulfonic acid, PFHxS, CAS # 355-46-4				
Perfluoroheptanesulfonic acid, PFHpS, CAS # 375-92-8				
Perfluorooctanesulfonic acid, PFOS, CAS # 1763-23-1				
Perfluorononanesulfonic acid, PFNS, CAS # 68259-12-1				
Perfluorodecanesulfonic acid, PFDS, CAS # 335-77-3				
Perfluorododecanesulfonic acid, PFDoS, CAS # 79780-39-5				
Fluorotelomer sulfonic acid				
1H,1H, 2H, 2H-Perfluorohexane sulfonic acid, 4:2FTS, CAS # 757124-72-4				
1H,1H, 2H, 2H-Perfluorooctane sulfonic acid, 6:2FTS, CAS # 27619-97-2				
1H,1H, 2H, 2H-Perfluorodecane sulfonic acid, 8:2FTS, CAS # 39108-34-4				
Perfluorooctane sulfonamides				
Perfluorooctanesulfonamide, PFOSA, CAS # 754-91-6				
N-methyl perfluorooctanesulfonamide, NMeFOSA, CAS # 31506-32-8				
N-ethyl perfluorooctanesulfonamide, NEtFOSA, CAS # 4151-50-2				
Perfluorooctane sulfonamidoacetic acids				
N-methyl perfluorooctanesulfonamidoacetic acid, NMeFOSAA, CAS # 2355-31-9				
N-ethyl perfluorooctanesulfonamidoacetic acid, NEtFOSAA, CAS # 2991-50-6				
Perfluorooctane sulfonamide ethanols				
N-methyl perfluorooctanesulfonamidoethanol, NMeFOSE, CAS # 24448-09-7				
N-ethyl perfluorooctanesulfonamidoethanol, NEtFOSE, CAS # 1691-99-2				
Per- and Polyfluoroether carboxylic acids				
Hexafluoropropylene oxide dimer acid, HFPO-DA, CAS # 13252-13-6				
4,8-Dioxa-3H-perfluorononanoic acid, ADONA, CAS # 919005-14-4				
Perfluoro-3-methoxypropanoic acid, PFMPA, CAS # 377-73-1				
Perfluoro-4-methoxybutanoic acid, PFMBA, CAS # 863090-89-5				
Nonafluoro-3,6-dioxaheptanoic acid, NFDHA, CAS # 151772-58-6				
Ether Sulfonic acids				
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid, 9Cl-PF3ONS, CAS # 756426-58-1				
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid, 11Cl-PF3OUdS, CAS # 763051-929				
Perfluoro(2-ethoxyethane)sulfonic acid, PFEESA, CAS # 113507-82-7				
Fluorotelomer carboxylic acids				

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3-Perfluoropropyl propanoic acid, 3:3FTCA, CAS # 356-02-5				
2H,2H,3H,3H-Perfluorooctanoic acid, 5:3FTCA, CAS # 914637-49-3				
3-Perfluoroheptyl propanoic acid, 7:3FTCA, CAS # 812-70-4				

List of all substances:

Discharge Serial Number: 001

Name of Chemical: Test, Chemical Abstract System CAS Number: 123-12-1

Name of Chemical: Test 2, Chemical Abstract System CAS Number: 12-34-5

Discharge Screening Analysis Other:

Discharge Serial Number: 001

Part 5: Variance Request

Is the Applicant Requesting a Variance from any Numeric Effluent Limitations Specified in Section 4.2 of the permit?

Note: A variance request may not result in a violation of the general prohibitions specified in Section 2.2.4 of the permit.

No

1. List the pollutants and effluent limits from which the variance is being requested:

2. Provide a detailed explanation of the variance you are requesting. Explain why compliance with the specified limit cannot be achieved, including site-specific conditions, technical or economic constraints, or other relevant factor. Describe any treatment alternatives evaluated, measures taken to minimize the discharge, and how the proposed variance will maintain protection of water quality and comply with applicable state and federal requirements.

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3. Provide documentation that granting of the variance will not result in any violation of the general prohibitions specified in Section 2.2.4 of this general permit.

Applicant Certification:

I hereby certify that I am making this certification in connection with a Notification under the General Pretreatment Permit for Non-Significant Industrial User Discharges to Publicly Owned Treatment Works (Non-SIU GP), and that all terms and conditions of the general permit are being met for all discharges which have been created, initiated or maintained and such activity is eligible for authorization under such permit. I further certify that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit at the site. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3 of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief.

I understand that the Notification filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of Section 22a-430b of Regs. Conn. State Agencies. I further certify that I have made the affirmative determination required in accordance with Section 3.5 of such general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I also understand that knowingly making any false statement made in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Regs. Conn. State Agencies and any other applicable law.

Applicant Name:	Jane Test	Title:	President
Applicant Signature:		Date:	
Phone Number:	860-555-5555	Email Address:	test@ct.gov

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