



Application Form for Wastewater Discharges from Subsurface Sewage Treatment and Disposal Systems (UIC)

Who Must File an Application:

Any person or municipality that is under DEEP jurisdiction and is proposing to initiate, create, originate, or maintain a discharge of domestic sewage must submit a complete permit application and obtain authorization from DEEP prior to commencing the discharge.

Important Before You Begin:

- **Review the Instructions:** Read the instructions for UIC Permit Application to confirm eligibility and understand all requirements.
- **Prepare Required Information:** Gather all necessary Applicant, site, and discharge information, including analytical data and any required documentation.
- **Review Application:** Ensure that all required information is included in the application.
- **Submit the Transmittal Form:** Transmittal Forms are required for all applications requiring a fee.
- **Non-refundable:** Application fees are non-refundable.

Visit the [UIC Program website](#) for additional information:

For questions regarding this submission contact the CT DEEP Water Permitting and Enforcement Division at DEEP.UICPermitting@ct.gov.

Instructions for submitting the application and supporting documents to DEEP:

1. Once the **Transmittal Form has been completed it must be** submitted to DEEP.Centralpermits@ct.gov.
2. The Transmittal Form will be entered in the system, and payment instructions for the E-Payment portal will be emailed to the **Billing Contact** listed in the Transmittal Form.
3. Upon receipt of the Transmittal Form and fee, DEEP Central Permits will e-mail a confirmation receipt letter to the **Primary Contact** listed in the Transmittal Form containing the DEEP assigned application number and uploading instructions for the **WPED File Transfer Protocol (FTP) website**. Confirmation email should arrive within 1-2 days of payment receipt.
4. Follow directions contained in the email for uploading the application sections. Please note, the application will not be considered complete until a PDF copy of the application with all relevant attachments are uploaded to the WPED FTP website.
5. The official Date of Receipt of the application will be the date the electronic versions of all application materials are uploaded to the WPED FTP website.
6. If the application is not uploaded within ten business days of the CPPU confirmation of receipt letter date, the file will be closed.

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Tips & Notes:

- Make sure all required information is provided on the application.
- Do not leave any field blanks unless the instructions specifically say you can.
- If a question does not apply, enter “N/A” (Not Applicable).
- The “Responsible Official” is the same as the “Applicant”, “Registrant”, and “Operator”.
- Application fees are non-refundable.

DO NOT submit the Transmittal Form until the application and attachments are complete and ready for submission.

If you are not capable of submitting the application electronically or if you have other questions or concerns regarding application submittals, please contact WPED staff at 860-424-3025 or

DEEP.WaterPermittingEnforcement@ct.gov.

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Part I: Application Type and Description

Directions: Enter the following information from your CT DEEP application confirmation email.

Application Number:

Date the application fee was paid:

Directions: Select one of the options below to indicate that the status of your activity is a new or existing permit.

☐ **New Permit**

☐ **Renewal of an existing permit**

Please provide existing Permit No.:

☐ **Modification of an existing permit**

Please provide existing Permit No.:

☐ **Renewal (including modification) of an existing permit Please
provide existing Permit No.:**

Please note that any facility currently authorized under a general permit that, due to a change in treatment, becomes eligible for and requests coverage under an individual permit, must check the box for the new permit.

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Part II: Permit Eligibility Determination

Any person or municipality that discharges water, substance, or material into the waters of the state, which includes surface waters, storm drains, ground waters, and POTWs, is required to obtain a permit from DEEP prior to initiating the discharge.

Directions: Answer the following questions to determine if the activity is eligible for coverage under the UIC Individual Permit:

1. Is the proposed discharge planned on federally recognized Indian lands?

☐ Yes

☐ No

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

2. Is the proposed discharge treated by a subsurface sewage treatment and disposal systems utilizing alternative sewage treatment systems ("AT")?

☐ Yes

☐ No

3. Is the proposed discharge dispersed through a constructed lateral sand filter?

☐ Yes

☐ No

Note: If yes to question numbers 2 or 3 above, you **are eligible** for coverage under the UIC Individual Permit.

4. Is the proposed discharge treated and discharged *only* through subsurface sewage disposal systems (conventional septic systems)?

☐ Yes

☐ No

Note: If yes, seek coverage under the [General Permit to Discharge from Subsurface Disposal Systems](#).

If an application is submitted for a discharge that does not meet these eligibility requirements, the application will be rejected. The application fee will not be refunded.

Part III: Public Notice

Pursuant to Connecticut General Statutes Section 22a-6g, Applicants must publish the public notice of application **prior** to submitting the application. A copy of the published notice of application, along with the completed [Certification of Notice Form \(DEEP-APP-005A\)](#), must be included as **Attachment AA** to this application.

Date of Publication:

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Part IV: Applicant Contact Information

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

Note: Do not use colloquial names or local neighborhood names.

1. Applicant Information:

Applicant Name:					
Mailing Address:					
City/Town:		State:		Zip Code:	
Site Address (if different than mailing address)					
City/Town:		State:		Zip Code:	

2. Applicant Contact:

Name:					
Title:					
Mailing Address:					
City/Town:		State:		Zip Code:	
State:			Zip Code:		
Phone Number:			Extension:		
Email Address:					

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Part IV: Applicant Contact Information (continued)

4. Qualified Professionals Information:

Tip: List the name(s) and contact information of any professional who assisted in preparing this application or in designing or constructing the facility, such as consultants, engineers, and attorneys.

Service Provided:			
Name:			
Title:			
Mailing Address:			
City/Town:			
State:		Zip Code:	
Phone Number:		Extension:	
Contact Person:		Title:	
Email Address:			

☐ Check here if additional sheets are necessary, and label and attach them to the application.

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Part V: Pre-Application Meeting

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

DEEP Staff Name:

Pre-Application Meeting Date:

Part VI: Site Information

1. Site Name and Location

Name of Site:

Street Address or Location Description:

City/Town:

State:

Zip Code:

Choose either “Yes” or “No” in response to the statements below:

- 2.** Is the activity which is the subject of this application located within the coastal boundary as delineated on DEEP approved [coastal boundary maps](#)? ☐ Yes ☐ No

Note: 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, you must submit a [Coastal Consistency Review Form \(DEEP-APP-004\)](#) with your application as Attachment E.

- 3.** According to the most current "Natural Diversity Data Base Areas Maps" [Natural Diversity Data Base 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:

Note: If yes, complete and submit a [Requests for NDDB Environmental Reviews](#) (DEEP-APP-007) to the address specified on the form prior to submitting this application. Please note NDDB review generally takes 8 to 10 weeks and may require the Applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application.

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Part VI: Site Information (continued)

3. (continued) Include 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 as **Attachment F**.

Note: You must renew your NDDDB Determination if it expires before project work commences.

4. Is the site located in a mapped Level A or Level B [Aquifer Protection Area](#), as defined in the Connecticut General Statutes Sections (“Conn. Gen. Stat.”) 22a-354a through 22a-354bb? ☐ Yes ☐ No

Note: If yes, contact your local Aquifer Protection Program’s [local aquifer protection agent](#). 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

5. Will the activity which is the subject of this application be located within a conservation or preservation restriction area? ☐ Yes ☐ No

Note: 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**.

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Part VII: 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. Identify wastes or wastewaters not included in this application or previously licensed by another permit or general permit.

Waste/Wastewater Type	Quantity (mass/unit time)	Method of Disposal (incineration, waste hauler, etc.)

3. Inventory of toxic and hazardous substances and oil or petroleum liquids.

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 TRI-Listed Chemicals US EPA
			☐ yes ☐ no
			☐ yes ☐ no
			☐ yes ☐ no
			☐ yes ☐ no

4. 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)

☐ Check here if additional sheets are necessary

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Part VIII: Activity Specific Information

1. Number of parcels or lots on site:
2. Number of subsurface treatment and disposal systems on site: _____
3. In the table below, describe each subsurface treatment and disposal system indicated in item #2 above. Label each system (e.g., #1, #2, etc.).

System Number	Total Flow (gallons per day)	Latitude/ Longitude	Condition of the System

4. Describe expansion(s), if applicable.
5. Describe repair(s) or modification(s) and reason for such repair or modification, if applicable.

☐ Check here if additional sheets are necessary, label and attach them to this sheet.

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Part IX: Supporting Documents

Directions: Check the appropriate box below for each attachment included with this application form.

When submitting supporting documents, label each file accordingly to the designations in this section (e.g., Name of Applicant – Attachment A) and ensure the Applicant's name matches the name provided on this application form.

- ☐ **Attachment AA:** A copy of the published notice of permit application, as described in the beginning of these instructions, attached to a completed Certification of Notice Form – Notice of Application (DEEP-APP-005A) [Certification of Notice Form - Notice of Application](#)
- ☐ **Attachment A:** Executive Summary [Attachment A: Executive Summary \(DEEP-WPED-APP-101\)](#)
- ☐ **Attachment B:** Applicant Background Information [Applicant Background Information \(DEEP-APP-008\)](#)
- ☐ **Attachment C:** Applicant Compliance Information [Applicant Compliance Information \(DEEP-APP-002\)](#)
- ☐ **Attachment D:** USGS Quadrangle Map and Latitude and Longitude [Latitude and Longitude \(DEEP-APP-003\)](#)
- ☐ **Attachment E:** Coastal Consistency Review Form [Coastal Consistency Review Form \(DEEP-APP-004\)](#), *if applicable*.
- ☐ **Attachment F:** Copy of the NDDDB Determination response letter that has not expired.
Note: Include a copy of any mitigation measures developed for this activity and approved by NDDDB, *if applicable*.
- ☐ **Attachment G:** Conservation or Restriction Information, *if applicable*.
- ☐ **Attachment Q:** [Engineering Report for Subsurface Sewage Treatment and Disposal Systems](#)
- ☐ **Attachment U:** Community Sewerage Systems [Community Sewerage Systems \(Sample letter\)](#) For applications to discharge from a community sewerage system not owned by a municipality, submit a signed letter from the Water Pollution Control Authority or responsible authority of the municipality in which the system exists or will be located, *if applicable*.

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Part X: Applicant and Preparer Certification

The Applicant(s) and any individual(s) responsible for preparing the application must sign this section. An application will be considered insufficient unless all required signatures are provided and are the proper signatory authority.

“I have personally examined and am familiar with the information submitted in this application 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 Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut 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.

I certify that I have complied with all notice requirements as listed in section 22a-6g of the Connecticut General Statutes.”

Signature of Applicant

Date:

Name of Applicant

Title:

Signature of Preparer (if different than Applicant)

Date:

Name of Preparer (if different than Applicant)

Title: