



General Permit Application Form for the Discharge of Stormwater from Construction Activities, effective 01/01/2026

Prior to completing this form, you **must** read the instructions for the subject general permit available at Stormwater Construction GP webpage (<https://portal.ct.gov/deep/water-regulating-and-discharges/stormwater/construction-stormwater-gp>).

Part I: Application Type

Select the appropriate boxes identifying the registration type and registration deadline.

Application Type		Application Timeline	
<input checked="" type="checkbox"/>	New Registration	<input checked="" type="checkbox"/> Locally Approvable Size of soil disturbance: 2.05 _____	New registration - Sixty (60) days prior to the initiation of the construction activity for: For sites with a total soil disturbance area of 5 or more acres
		<input type="checkbox"/> Locally Exempt Size of soil disturbance: _____	<input type="checkbox"/> New registration - Sixty (60) days prior to the initiation of the construction activity for: Sites with a total disturbance area of one (1) to twenty (20) acres except those with discharges to impaired waters or tidal wetlands
			<input type="checkbox"/> New registration - Ninety (90) days prior to the initiation of the construction activity for: (i) Sites with a total soil disturbance area greater than twenty (20) acres, or (ii) Sites discharging to a tidal wetland (that is not fresh-tidal and is located within 500 feet), or (iii) Sites discharging to the impaired water listed in the "Impaired Waters Table for Construction Stormwater Discharges"

3. List primary contact for departmental correspondence and inquiries:

Name: STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION
Mailing Address: 1107 CROMWELL AVE
City/Town: ROCKY HILL State: CT Zip Code: 06067
Business Phone: (860) 258-4601 ext. _____
Contact Person: John Lee Title: District Engineer

4. List owner of the property on which the activity will take place:

Name: STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION
Mailing Address: 1107 CROMWELL AVE
City/Town: ROCKY HILL State: CT Zip Code: 06067
Business Phone: (860) 258-4601 ext. _____
Contact Person: John Lee

5. List preparer:

Name: BL COMPANIES, INC.
Mailing Address: 100 CONSTITUTION PLZ, 10TH FL
City/Town: HARTFORD State: CT Zip Code: 06103
Business Phone: (860) 249-2200 ext. _____
Contact Person: Carolyn Baumgras, PE Title: Project Engineer

6. List design professional:

Name: BL COMPANIES, INC.
Mailing Address: 100 CONSTITUTION PLZ, 10TH FL
City/Town: HARTFORD State: CT Zip Code: 06103
Business Phone: (860) 249-2200 ext. _____
Contact Person: David Cicia, PE Title: Principal Engineer

7. List Reviewing Qualified Professional (for locally approvable projects only):

Name: BL COMPANIES, INC.
Mailing Address: 100 CONSTITUTION PLZ, 10TH FL
City/Town: HARTFORD State: CT Zip Code: 06103
Business Phone: (860) 760-1918 ext. _____
Contact Person: Michael Fisher Title: Regional Manager

Part IV: Site Information

Site Name: _____ CTDOT Project No. 0048-0200 _____

Street Address or Description of Location: _____ Replacement of Bridge No. 05585 _____

City/Town: _____ Enfield _____ State: _____ CT _____ Zip Code: _____ 06082 _____

Longitude: _____ -72.585553 _____ Latitude: _____ 42.006888 _____

Brief Description of construction activity:

Bridge No. 05585 will be replaced with a 12'x10' box culvert using an open highway cut. Project work includes construction of new headwalls and wingwalls and installing drainage outlet protection.

Project Start Date: _____ 1 May 2026 _____ Anticipated Completion Date: _____ 30 Nov 2027 _____

Normal working hours: _____ 7AM to 5PM _____

- 1. What type of the project is this? Locally Approvable Project
 Locally Exempt Project

a. Locally Approvable Project

Is this application for the site design phase of a design-build project conducted by a State entity? Yes No NA

a. Locally Exempt Project

Is this application for the site design phase of a design-build project conducted by a Federal entity? Yes No NA

- b. Is this application a renewal of a previously permitted Stormwater Construction Activity? Yes No NA

i. If yes, provide the previously approved permit number: _____ GSN004291 _____

ii. Is this application for a Change of Permittee? Yes No NA

iii. Is this application for the final design of a design-build project? Yes No NA

- 2. **MINING** : Is the activity on the site in question part of mining operations (i.e. sand and gravel)? Yes No

If yes, mining is not authorized by this general permit. You must submit the Registration Form for the General Permit for the Discharge of Stormwater Associated with Industrial Activity.

- 3. **COMBINED OR SANITARY SEWER:** Does all of the stormwater from the proposed activity discharge to a combined or sanitary sewer (i.e. a sewage treatment plant)? Yes No

If yes, this activity is not regulated by this permit. Contact the Water Permitting & Enforcement Division at 860-424-3018.

- 4. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? Yes No

- 5. **COASTAL BOUNDARY:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

6. ENDANGERED OR THREATENED SPECIES:

Each application must perform a review of the Department's Natural Diversity Database maps to determine if the site of the construction activity is located within or in proximity (within ¼ mile) to a shaded area.

- a. Provide the date of the NDDB maps were reviewed: 19 Feb 2026 (Print a copy of the NDDB map you viewed since it must be submitted with this registration as part of Attachment C.)
- b. For an applicant using a two-year determination to register for this General Permit, provide the Department's Wildlife Division NDDB identification number for any such determination:
_____ (The number is on the determination issued by the Department's Wildlife Division).
- c. I verify that I have completed Attachment C to this Registration Form. Yes

7. WILD AND SCENIC RIVERS: Is the proposed project within the watershed of a designated Wild and Scenic River? (See Appendix H for guidance) Yes No

8. AQUIFER PROTECTION AREAS: Is the site located within a mapped [Aquifer Protection Area](#) , as defined in Section 22a-354h of the CT General Statutes? (For additional guidance, please refer to Appendix C of the General Permit) Yes No

9. Connecticut Guidelines for Soil Erosion and Sediment Control Guidelines: Is the activity in accordance with Connecticut Guidelines for Soil Erosion and Sediment Control Guidelines and local erosion & sediment control ordinances, where applicable? Yes No

10. HISTORIC AND/OR ARCHAEOLOGICAL RESOURCES:

Has the site of the proposed activity been reviewed (using the process outlined in Appendix G of this permit) for historic and/or archaeological resources? Yes No

- a. The review indicates the proposed site does not have the potential for historic/ archaeological resources, OR Yes No
- b. The review indicated historic and/ or archaeological resource potential exists and the proposed activity is being or has been reviewed by the Offices of Culture and Tourism, OR NA Yes No
- c. The proposed activity has been reviewed and authorized under an Army Corps of Engineers Section 404 wetland permit. NA Yes No

11. CONSERVATION OR PRESERVATION RESTRICTION:

Is the property subject to a conservation or preservation restriction? Yes No

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

Part V: Stormwater Discharge Information

Table 1

Outfall #	a) Type	b) Pipe Material	c) Pipe Size			e) What method was used to obtain your latitude/longitude information?
				Longitude (Format: -xx.xxxxx)	Latitude (Format: xx.xxxxx)	
PO-1	Pipe	Concrete	18"	-72.585726	42.006864	ezFile Portal Map
EO-1	Pipe	Concrete	48"	-72.585737	42.006907	ezFile Portal Map
EO-2	Pipe	Concrete	18"	-72.585726	42.006864	ezFile Portal Map
EO-3	Pipe	Concrete	her (Please fill in below) 30"	-72.585640	42.005451	ezFile Portal Map
TO-1	Pipe	Concrete	her (Please fill in below) 12"	-72.585709	42.006889	ezFile Portal Map

Part V: Stormwater Discharge Information Continued

Table 2

2. Provide the following information about the receiving water(s)/wetland(s) that receive stormwater runoff from your site, either directly or through the storm sewer system:							
Outfall #	Dates when this outfall will be active:	a) To what system or receiving water does your stormwater runoff discharge? either "storm sewer or wetlands" or "waterbody"	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is your receiving water identified as an impaired water in the "Impaired Waters Table for Construction Stormwater Discharges" ?	c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?	For the drainage area associated with each outfall: Effective Impervious Area Before Construction (sq ft)	For the drainage area associated with each outfall: Effective Impervious Area After Construction (sq ft)
PO-1	Start: 19 Jul 2027 End:	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	0	43560
EO-1	Start: 1 May 2026 End: 1 Jan 2029	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	234000	234000
EO-2	Start: 1 May 2026 End: 19 Jul 2027	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	43560	0
EO-3	Start: 1 May 2026 End:	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	270400	270400
TO-1	Start: 3 Jul 2026 End: 3 Sep 2027	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	0	0
Provide the total effective impervious area for the entire site(sq ft):						547960	547960

Part V: Stormwater Discharge Information

Table 1

Outfall #	a) Type	b) Pipe Material	c) Pipe Size			e) What method was used to obtain your latitude/longitude information?
				Longitude (Format: -xx.xxxxx)	Latitude (Format: xx.xxxxx)	
TO-2	Pipe	Concrete	her (Please fill in below) 12"	-72.585235	42.006874	Other (Please fill in below)

Part V: Stormwater Discharge Information Continued

Table 2

2. Provide the following information about the receiving water(s)/wetland(s) that receive stormwater runoff from your site, either directly or through the storm sewer system:							
Outfall #	Dates when this outfall will be active:	a) To what system or receiving water does your stormwater runoff discharge? either "storm sewer or wetlands" or "waterbody"	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is your receiving water identified as an impaired water in the "Impaired Waters Table for Construction Stormwater Discharges" ?	c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?	For the drainage area associated with each outfall: Effective Impervious Area Before Construction (sq ft)	For the drainage area associated with each outfall: Effective Impervious Area After Construction (sq ft)
TO-2	Start: 3 Jul 2026 End: 3 Sep 2027	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	0	0
	Start: _____ End: _____	Select One		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
	Start: _____ End: _____	Select One		Y N NA	Y N NA		
	Start: _____ End: _____	Select One		Y N NA	Y N NA		
	Start: _____ End: _____	Select One		Y N NA	Y N NA		
Provide the total effective impervious area for the entire site(sq ft):						547960	547960

Part V: Stormwater Discharge Information (continued)

1. If the impaired water does not have a TMDL, confirm compliance by selecting 1.a. or 2.b. below:

a. No more than 3 acres is disturbed at any time; Yes

OR

b. Stormwater runoff from a 2 yr, 24 rain event is **retained**. Yes

2. If the impaired water has a TMDL, confirm compliance by selecting 2.a. and 2.b. below and either question 2.c.1. or 2.c.2. below:

a. The Plan documents there is sufficient remaining Waste Load Allocations (WLA) in the TMDL for the proposed discharge, Yes

AND

b. Control measures shall be implemented to assure the WLA will not be exceeded, Yes

AND

c. 1. Stormwater discharges will be monitored for the indicator pollutant identified in the TMDL, Yes

OR

2. The Plan documents specific requirements for stormwater discharges specified in the TMDL. Yes

Part VI: Pollution Control Plan Availability

I have attached the Stormwater Pollution Control Plan (SPCP) to this application.

I have provided a URL to the webpage that has or will have the SPCP and application posted for public viewing and review.

URL to webpage:

https://portal.ct.gov/-/media/dot/stormwater/construction/0048-0200_swpcp.pdf?rev=8e3db6c5f5954f58af20bc51aaf35ab

Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

For New Applicants:

"I hereby certify that I am making this certification in connection with an application under the General Permit for the discharge of Stormwater from Construction Activities (general permit) submitted to the commissioner by E OF CONNECTICUT DEPARTMENT OF TRANSPORTA for an activity located at Replacement of Bridge No. 05585, Enfield, CT 06082

and that all terms and conditions of the general permit will be met for all discharges which will be initiated 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 the application filed pursuant to this general permit is on complete and accurate forms as prescribed by the Commissioner without alteration of their text. 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 2.2.13.1 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 certify that I have made an affirmative determination in accordance with Section 2.2.13.2 of this general permit. I understand that the application filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of Section 22a-430b of Conn. Gen. Stat. I also understand that knowingly making any false statement 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 Conn. Gen. Stat. and any other applicable law."

For Applications for previously approved construction activities:

"I hereby certify that I am making this certification in connection with an application under the General Permit for the Discharge of Stormwater from Construction Activities, submitted to the commissioner by _____ for an activity located at _____

and that all terms and conditions of the general permit will be met for all discharges which will be initiated 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 the application filed pursuant to this general permit is on complete and accurate forms as prescribed by the Commissioner without alteration of their text. 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 2.2.13.1 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 certify that I have made an affirmative determination in accordance with Section 2.2.13.2 of this general permit. I understand that the application filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of Section 22a-430b of Conn. Gen. Stat. I also understand that knowingly making any false statement 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 Conn. Gen. Stat. and any other applicable law."

Signature of Registrant	
John Deliberto	District Engineer
Name of Registrant (print or type)	Title (if applicable)

Signature of Preparer and Date (if different than above)	
Carolyn Baumgras, PE	Project Engineer
Name of Preparer (print or type)	Title (if applicable)

Part VIII: Professional Engineer (or Landscape Architect, where appropriate) Design Certification (for publically approvable and exempt projects)

The following certification must be signed by a Professional Engineer, or Landscape Architect where appropriate.

<p>"I hereby certify that I am a _____ licensed in the State of Connecticut. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by <u>STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION</u> for an activity located at <u>Replacement of Bridge No. 05585, Enfield, CT 06082</u> .</p> <p>I certify that I have thoroughly and completely reviewed the Stormwater Pollution Control Plan for the project or activity covered by this certification. I further certify, based on such review and on the standard of care for such projects, that the Stormwater Pollution Control Plan has been prepared in accordance with the Connecticut Guidelines for Soil Erosion and Sediment Control, as amended, the Stormwater Quality Manual, as amended, and the conditions of the general permit, and that the controls required for such Plan are appropriate for the site. I further 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 also understand that knowingly making any false statement in this certification may subject me to sanction by the Department and/or be punishable as a criminal offense, including the possibility of fine and imprisonment, under Section 53a-157b of the Connecticut General Statutes and any other applicable law."</p>	
<p>_____</p>	
<p>Signature of Design Professional and Date</p>	
<p>David Cicia, PE</p>	<p>023439</p>
<p>Name of Professional (print or type)</p>	<p>License Number</p>
<p>Affix P.E./L.A Stamp Here</p>	

Part IX: Reviewing Qualified Professional Certification

The following certification must be signed by a) a Conservation District reviewer OR, b) a qualified soil erosion and sediment control and/ or professional engineer

Review Certification by Conservation District:

1.) District: _____
Date of Affirmative Determination: _____

"I am making this certification in connection with an application under General Permit for the Discharge of Stormwater from Construction Activities, submitted to the commissioner by _____ for an activity located at _____.

I have personally examined and am familiar with the information that provides the basis for this certification, and I affirm, based on the review described in this general permit and on the standard of care for such projects, that the Stormwater Pollution Control Plan is adequate to assure that the activity authorized under this general permit will comply with the terms and conditions of such general permit and that all stormwater management systems: (i) have been designed to control pollution to the maximum extent achievable using measures that are technologically available and economically practicable and that conform to those in the Guidelines and the Stormwater Quality Manual; (ii) will function properly as designed; (iii) are adequate to ensure compliance with the terms and conditions of this general permit; and (iv) will protect the waters of the state from pollution."

Signature of District Professional and Date

Name of District Professional

License Number (if applicable)

Or

Review Certification by Qualified Professional:

Company Name: BL COMPANIES, INC.

Name: Michael Fisher

License #: 21170

Level of independency of professional:

Required for all projects disturbing over 1 acre:

1. I verify I am not an employee of the registrant. Yes

2. I verify I have no ownership interest of any kind in the project for which the registration is being submitted. Yes

Required for projects with more than 20 acres of site disturbance (in addition to questions 1&2):

3. I verify I did not engage in any activities associated with the preparation, planning, designing or engineering of the soil erosion and sediment control plan or stormwater management systems plan for this registrant. Yes

4. I verify I am not under the same employ as any person associated with the preparation, planning, designing or engineering of the soil erosion and sediment control plan or stormwater management systems plan for this registrant. Yes

Part IX: Reviewing Qualified Professional Certification (continued)

"I hereby certify that I am a Qualified Professional engineer licensed in the state of Connecticut and in good standing or qualified soil erosion and sediment control professional, or both, as defined in the General Permit for Discharge of Stormwater from Construction Activities (general permit) and as further specified in Sections 2.2.16.1.a and 2.2.16.1.b of the general permit, submitted to the Commissioner by

TATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATIO for an activity located at

Replacement of Bridge No. 05585, Enfield, CT 06082 .

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 2.2.16.3 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 further certify that I have made the affirmative determination in accordance with Sections 2.2.13.1 and 2.2.13.2 of this general permit. I understand that this certification is part of an application submitted in accordance with Section 22a-430b of Connecticut General Statutes and is subject to the requirements and responsibilities for a Qualified Professional in such statute. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under Section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Reviewing Qualified Professional

BL COMPANIES, INC.

Name of Reviewing Qualified Professional

21170

License No.

Affix P.E./ L.A. Stamp Here