



Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
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f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

October 16, 2015

Melanie Bachman
Acting Executive Director
Connecticut Siting Council
Ten Franklin Square
New Britain, CT 06051

RE: PETITION NO. 1184 - Beacon Falls Energy Park, LLC petition for a declaratory ruling that no Certificate of Environmental Compatibility and Public Need is required for the proposed construction, operation, and maintenance of a 63.3 Megawatt AC fuel cell facility located on Lopus Road, Beacon Falls, Connecticut.

Dear Ms. Bachman:

I am writing in response to the Connecticut Siting Council's requests further information regarding the above referenced petition. Enclosed is an original and 15 copies of Beacon Falls Energy Park LLC's responses to the Council's requests for further information.

I hereby certify that copies of these responses have been provided to all parties and intervenors to this Petition as of this date. Should you have any questions concerning the foregoing, please contact me at your convenience.

Sincerely,

A handwritten signature in black ink that reads "Lee D. Hoffman".

Lee D. Hoffman

cc: Parties and Intervenors

Petition 1184
Beacon Falls Energy Park
Petition Interrogatories

1. Regarding Petition Section 1.5, does the 8 acre project area include the stormwater basins, infiltration basins, access drive and sound wall area? If not, please revise.

A1: The area of the fuel cell installations, the access road and the entrance area was considered the constructed “Project Area” and is approximately 8 acres in area. If the area of the stormwater, infiltration basins and sound wall footprint is included, the total area is approximately 10 acres. The total area as measured to the extent of the proposed landscape plan is approximately 13.7 acres.

2. Regarding Petition Section 2.2;

- a) identify, characterize, and quantify (on an annual basis), solid waste generated by the project. Describe appropriate collection and disposal methods.

A2a: The Beacon Falls Energy Park will produce spent desulfurizer media at an average generation rate of 60,000 – 90,000 lb./yr. Spent desulfurizer media is solid waste that is characterized as hazardous by benzene toxicity characteristic, EPA waste code D018. The source of the benzene is natural gas. Spent media is generated episodically in batches of approximately 25,000 to 30,000 pounds per media vessel replacement event. BFEP will have eight media vessels. Media replacements are estimated at a frequency of 2 – 3 vessels per year.

Spent media removal and disposal will be conducted by qualified, trained employees and/or contractors in accordance with all federal, state and local requirements. Minimum worker training will include all applicable environmental, health and safety programs including OSHA, hazcomm, hazmat, hazwoper and RCRA. Media extraction is performed using a vacuum truck and the removed material will be transported off-site, under RCRA manifest, in DOT approved bulk or non-bulk containers by an EPA/DEEP licensed hazardous waste transporter to an approved RCRA Treatment, Storage, Disposal Facility. BFEP will operate under LQG rules for media extractions.

The Beacon Falls Energy Park will be a small quantity generator of universal waste, primarily spent batteries and lamps. Annual generation is expected to be less than 1000 pounds per year.

- b) How often will nitrogen purging occur (on an annual basis)?

A2b: Nitrogen purging of desulfurizer vessels, used to render the interior atmosphere of the vessels safe for access, occurs whenever vessels are opened for media removal/replacement. Since media replacements occur at an estimated frequency of 2 – 3 times per year, the frequency of nitrogen purges is also 2 – 3 times/year.

3. Regarding Petition Section 3.0, has BFEP received all proof of service cards from the abutting property owners? If not, identify the abutting property owners who did not receive notice and a description of any additional action taken by BFEP to ensure proper notice.

A3: Beacon Falls Energy Park, LLC undertook an abutters mailing in connection with this project. Beacon Falls Energy Park, LLC mailed out the attached notice/letter to abutters, which includes a map showing the location of abutting properties. This letter was sent out certified mail, return receipt requested on August 26, 2015. The attached table shows a list of all abutters, their mailing address, the date that notice was mailed, and the date that the signed "green card" receipt was returned. All signed green cards have been received by our office. In the case of June Rydzik, the envelope came back undeliverable. We conducted additional research and determined that she owned a place of business in Beacon Falls. Another notice was sent to that address and the green card returned. The notice/letter, table, and copies of the mail receipts and green cards are attached hereto as Attachment 3.

PULLMAN
& COMLEY LLC
ATTORNEYS

Lee D. Hoffman
90 State House Square
Hartford, CT 06103-3702
p 860 424 4315
f 860 424 4370
lhoffman@pullcom.com
www.pullcom.com

August 26, 2015

Via Certified Mail/Return Receipt Requested

Re: Beacon Falls Energy Park, LLC; Petition for Declaratory Ruling For Fuel Cell Project on Lopus Road, Beacon Falls, CT

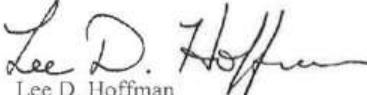
Dear Sir/Madam:

Pursuant to Section 16-50j-40(a) of the Connecticut Siting Council's (the "Council") regulations, we are notifying you that Beacon Falls Energy Park, LLC ("BFEP") intends to file on or shortly after August 31, 2015, a petition for declaratory ruling with the Council. This petition will request the Council's approval of the location and construction of an approximately sixty-three (63) megawatt fuel cell project (the "Project"), located on a portion of a former sand and gravel mine along Lopus Road in Beacon Falls, Connecticut.

Electricity generated by the Project will be exported to the electric grid. The Project will be fueled by natural gas. Utilizing fuel cells built in Connecticut, the project will qualify as a Class I renewable energy resource and supply 100% renewable energy in furtherance of Connecticut's renewable energy goals.

If you have any questions regarding the Project, then please contact the undersigned or the Council.

Sincerely,


Lee D. Hoffman
Attorney for Beacon Falls Energy Park, LLC

| PROJECT NUMBER | | OWNER NAME | | ADDRESS | |
|----------------|----------------|------------|--|---------|---|
| 1 | 040-MIC-073-03 | 1 | GARRETT H. HIGGIN | 1 | 112 WALL STREET, TURNBERRY, CT 06380 |
| 2 | 040-MIC-073-04 | 2 | TRISHA L. AND DAVID L. REUTTER | 2 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 3 | 040-MIC-073-05 | 3 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 3 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 4 | 040-MIC-073-06 | 4 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 4 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 5 | 040-MIC-073-07 | 5 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 5 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 6 | 040-MIC-073-08 | 6 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 6 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 7 | 040-MIC-073-09 | 7 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 7 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 8 | 040-MIC-073-10 | 8 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 8 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 9 | 040-MIC-073-11 | 9 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 9 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 10 | 040-MIC-073-12 | 10 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 10 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 11 | 040-MIC-073-13 | 11 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 11 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 12 | 040-MIC-073-14 | 12 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 12 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 13 | 040-MIC-073-15 | 13 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 13 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 14 | 040-MIC-073-16 | 14 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 14 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |
| 15 | 040-MIC-073-17 | 15 | THE SECRETARY OF HUMAN & URBAN DEVELOPMENT | 15 | 112 LORIS PLACE, BEACON FALLS, CT 06420 |

PROPERTY OWNER'S MAP
BEACON FALLS, HANCOCK, CONNECTICUT

1 OF 1

BEACON FALLS ENERGY PARK, LLC

CERTIFICATION OF SERVICE TO ABUTTING PROPERTY OWNERS
CT SITING COUNCIL

| <u>ABUTTER NAME / ENTITY</u> | <u>MAILED</u> From Pullman & Comley | <u>RETURN RECEIPT BACK</u> [Green Card] |
|--|--|--|
| O&G INDUSTRIES 112 WALL STREET, TORRINGTON, CT 06790 | 08/26/15 | 08/31/15 |
| GINA M. MEDER 152 LOPUS ROAD BEACON FALLS, CT 06403 | 08/26/15 | 09/02/15 |
| SUSAN L. and DAVID J. KEATING 176 LOPUS ROAD, BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |
| THERESA H. SHEA 4 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |
| THE SECRETARY OF HOUSING AND URBAN DEVELOPMENT C/O MICHAELSON, CONNOR & BOUL, INC. 4400 WILL ROGERS PKWY, SUITE 300 OKLAHOMA CITY, OK 73108 | 08/26/15 | 09/04/15 |
| JOY JOHNSON-BROWN 14 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 09/15/15 |
| WILLIAM H. STEINBACHER IV and LINDA L. STEINBACHER 18 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |
| CHRISTINA KNOX 22 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |

BEACON FALLS ENERGY PARK, LLC

CERTIFICATION OF SERVICE TO ABUTTING PROPERTY OWNERS
CT SITING COUNCIL

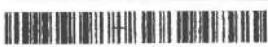
| <u>ABUTTER NAME / ENTITY</u> | <u>MAILED</u> From Pullman & Comley | <u>RETURN RECEIPT BACK</u> [Green Card] |
|---|---|--|
| SANDRA SCOTT-KIESEL 30 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |
| DAVID P. ODELL 34 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 09/04/15 |
| BRIAN J. and DONNA M. HOURIGAN 38 GRUBER ROAD BEACON FALLS, CT 06403 | 08/26/15 | 08/31/15 |
| JUNE RYDZIK and TERRANCE MURTHA 26 FAIRFIELD PLACE BEACON FALLS, CT 06403 ↓ | 08/26/15 ↓ | RETURNED UNDELIVERABLE UNABLE TO FORWARD ↓ |
| JUNE M. RYDZIK BRONSON DRIVE; BEACON FALLS, CT 06403 | 09/04/15 | 09/10/15 |
| CT DEPARTMENT OF TRANSPORTATION ATTN: RAILROAD PROPERTIES 2800 BERLIN TURNPIKE NEWINGTON, CT 06111 | 08/26/15 | 08/31/15 |

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

GINA M. MEYER
152 LOPUS ROAD
BEACON FALLS, CT 06403

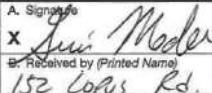


9590 9403 0369 5183 9081 39

Article Number (Transfer from service label)

7015 0640 0001 3220 5819

COMPLETE THIS SECTION ON DELIVERY

A. Signature 
 Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
152 LOPUS RD.

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
GINA M. MEYER



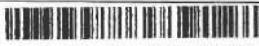
3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail®
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

O&G INDUSTRIES
112 WALL STREET,
TORRINGTON, CT 06790

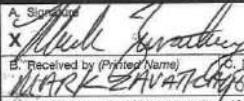


9590 9403 0369 5183 9080 23

2. Article Number (Transfer from service label)

7015 0640 0001 3220 5826

COMPLETE THIS SECTION ON DELIVERY

A. Signature 
 Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
MARK SAVATAGH 7/8-15

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Domestic Return Receipt

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053

PS Form 3811, April 2015 PSN 7530-02-000-9053

PS Form 3811, April 2015 PSN 7530-02-000-9053

7015 0640 0001 3220 5819

**U.S. Postal Service™
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Domestic Mail Only**

For delivery information, visit our website at www.usps.com.

BEACON FALLS, CT 06403

DOMESTIC MAIL USE

| | |
|--|----------------------|
| Certified Mail Fee | \$3.45 |
| Local Service & Transit (includes handling, delivery and return postage) | \$2.80 |
| Return Receipt (includes handling and delivery) | \$0.60 |
| Certified Mail Restricted Delivery | \$0.00 |
| Adult Signature Required | \$0.00 |
| Adult Signature Restricted Delivery | \$0.00 |
| Priority Mail Express® | \$0.00 |
| Registered Mail® | \$0.00 |
| Priority Mail Restricted Delivery | \$0.00 |
| Return Receipt for Merchandise | \$0.00 |
| Signature Confirmation™ | \$0.00 |
| Signature Confirmation Restricted Delivery | \$0.00 |
| Total Postage and Fees | \$6.49 |
| Sort To | |
| Street and Apt. No., or PO Box No. | 112 WALL STREET |
| City, State, Zip Code | TORRINGTON, CT 06790 |

PS Form 3800, April 2015 PSN 7530-02-000-9053

PS Form 3800, April 2015 PSN 7530-02-000-9053

7015 0640 0001 3220 5826

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For delivery information, visit our website at www.usps.com.

TORRINGTON, CT 06790

DOMESTIC MAIL USE

| | |
|--|----------------------|
| Certified Mail Fee | \$3.45 |
| Local Service & Transit (includes handling, delivery and return postage) | \$2.80 |
| Return Receipt (includes handling and delivery) | \$0.60 |
| Certified Mail Restricted Delivery | \$0.00 |
| Adult Signature Required | \$0.00 |
| Adult Signature Restricted Delivery | \$0.00 |
| Priority Mail Express® | \$0.00 |
| Registered Mail® | \$0.00 |
| Priority Mail Restricted Delivery | \$0.00 |
| Return Receipt for Merchandise | \$0.00 |
| Signature Confirmation™ | \$0.00 |
| Signature Confirmation Restricted Delivery | \$0.00 |
| Total Postage and Fees | \$6.74 |
| Sort To | |
| Street and Apt. No., or PO Box No. | 112 WALL STREET |
| City, State, Zip Code | TORRINGTON, CT 06790 |

PS Form 3800, April 2015 PSN 7530-02-000-9053

PS Form 3800, April 2015 PSN 7530-02-000-9053

ENTER. COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Print your name and address on the reverse
 so that we can return the card to you.
 Attach this card to the back of the mailpiece,
 or on the front if space permits.

Address Addressed to:

**THERESA H. SHEA
 4 GRUBER ROAD
 BEACON FALLS, CT 06403**



9590 9403 0369 5163 9081 15

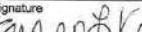
Article Number Transfer from service label

7015 0640 0001 3220 5

I S Form 3811, April 2015 PSN 7530-02-000-9053

| | | |
|---|--|--|
| COMPLETE THIS SECTION ON DELIVERY | | |
| A. Signature X <i>W. Shear</i> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | | C. Date of Delivery |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | |
| 3. Service Type | | |
| <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Return Receipt for <input type="checkbox"/> Merchandise <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery | | |
| 4. Domestic Return Receipt | | |

| | |
|--|--|
| SENDER: COMPLETE THIS SECTION | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | |
| <p>1. Article Addressed to:</p> <p>SUSAN L. and DAVID J. KEATING 176 LOPUS ROAD BEACON FALLS, CT 06403</p> <hr/> <p></p> <p>9590 9403 0369 5163 9081 22</p> <p>2. Article Number <i>Transfer from service label</i> 7015 0640 0001 3220 58</p> | |
| <p>PS Form 3811, April 2015 PSN 7630-02-000-9053</p> | |

| | |
|---|--|
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature | |
|  Agent <input type="checkbox"/> Addressed | |
| B. Received by (Printed Name) Data of Delivery  | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| If YES, enter delivery address below: <input type="checkbox"/> No | |
| <hr/> | |
| 3. Service Type | |
| <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express® | |
| <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery | |
| <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Return Receipt for Mail | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ | |
| i) <input type="checkbox"/> Signature Confirmation ii) <input type="checkbox"/> Restricted Delivery | |
| <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| <hr/> | |
| Domestic Return Receipt | |

1S Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

www.usps.com' is printed at the bottom."/>

250 *Historical Notebooks*

וְעַמְקָדָן

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Return Address: 100 Main Street

| | |
|---|---|
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| B. Received by (Printed Name) | C. Date of Del. |
| <i>John McElroy</i> | <i>09/18/01</i> |
| D. Is delivery address different from above? | <input type="checkbox"/> Yes |

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

CHRISTINA KNOX
22 GRUBER ROAD
BEACON FALLS, CT 06403

WILLIAM H. STEINBACHER IV
and LINDA L. STEINBACHER
18 GRUBER ROAD
BEACON FALLS, CT 06403

| | |
|--|---|
| <input type="checkbox"/> 3. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation® |
| <input type="checkbox"/> Delivery on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Ground Mail® Delivery Restricted Delivery | <input type="checkbox"/> Recycled Delivery |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

Form 3811, April 2015, 2014, 2013, 2012, 2011

Domestic Duties: The Case

Domestic Return Receipt

| | | | |
|--|--|--|--|
| RECIPIENT: COMPLETE THIS SECTION | | SENDER: COMPLETE THIS SECTION | |
| <p>Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>SENDER: COMPLETE THIS SECTION</p> | |
| <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressess</p> <p>B. Received by (Printed Name) DAVID P. ODELL</p> <p>C. Date of Delivery 06/10/2015</p> <p>D. Is delivery address different from line 1? <input type="checkbox"/> Yes If YES, enter delivery address below: DAVID P. ODELL 34 GRUBER ROAD BEACON FALLS, CT 06403</p> | | <p>SENDER: COMPLETE THIS SECTION</p> <p>E. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressess</p> <p>F. Received by (Printed Name) SANDRA SCOTT-KIESEL</p> <p>G. Date of Delivery 06/10/2015</p> <p>H. Is delivery address different from line 1? <input type="checkbox"/> Yes If YES, enter delivery address below: SANDRA SCOTT-KIESEL 30 GRUBER ROAD BEACON FALLS, CT 06403</p> | |
| <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail® Restricted Delivery <input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Delivery Restricted Delivery Restricted Delivery <input type="checkbox"/> Domestic Return Receipt <input type="checkbox"/> Domestic Return Receipt Restricted Delivery</p> | | <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Restricted Delivery <input type="checkbox"/> Signature Confirmation® <input type="checkbox"/> Signature Confirmation® Restricted Delivery</p> | |
| <p>4. Article Number (Transfer from service label) 7015 0640 0001 3220 5734</p> | | <p>4. Article Number (Transfer from service label) 7015 0640 0001 3220 5741</p> | |
| <p>5. Domestic Return Receipt</p> | | <p>6. Domestic Return Receipt</p> | |
| <p>PS Form 3811, April 2015 PSN 7500-02-000-9003</p> | | | |
| <p>PS Form 3811, April 2015 PSN 7500-02-000-9003</p> | | | |

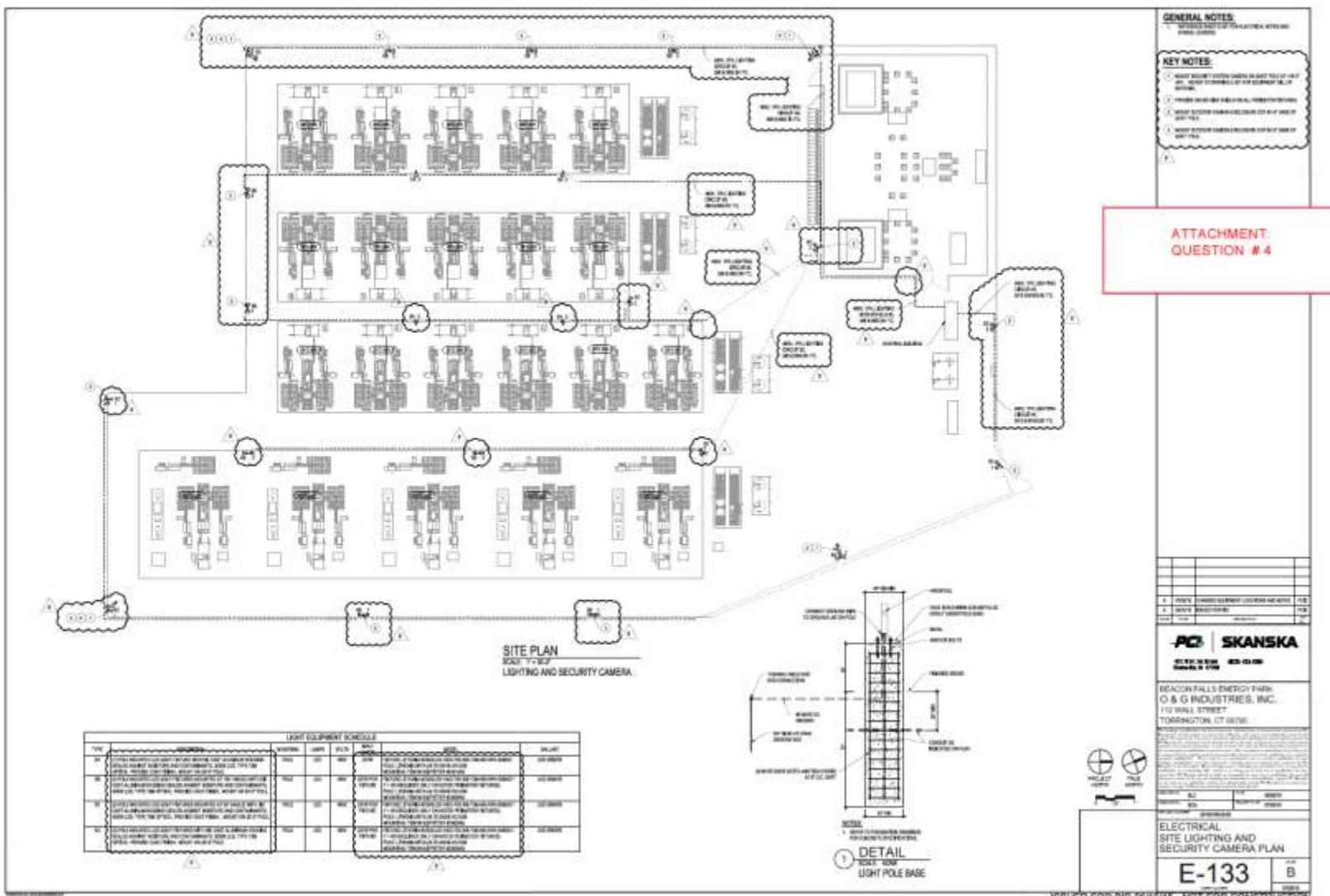
| | | | |
|--|--|---|--|
| SENDER - COMPLETE THIS SECTION | | COMPLET THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature  Received by (Physical Name) BRIAN J. HEIMANN Date 04/08/2015 B. Is delivery address different than item 1? NO If YES, enter delivery address below: None | |
| BRIAN J. and DONNA M. HEIMANN 38 GRUBER ROAD BEACON FALLS, CT 06403 | | C. Service Type <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation™ Restricted Delivery <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect On Delivery <input type="checkbox"/> Collect On Delivery Restricted Delivery <input type="checkbox"/> Inspected Delivery | |
| 9590 9403 0389 5163 9080 54 2. Delivery Number (Transfer from sample label) 2015 0640 0001 3220 572? | | Domestic Return Label 7015 0640 0001 3220 572? BEACON FALLS, CT 06403 ZIP Code: 06403 State: CT Postage: 53.45 Service Type: Priority Mail Express Payment Method: Check Mailing Address: BRIAN J. and DONNA M. HEIMANN 38 GRUBER ROAD BEACON FALLS, CT 06403 Signature: BRIAN J. and DONNA M. HEIMANN Date: 04/08/2015 | |



| | | | |
|---|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the front if space permits. | | A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Initials/Name)  C. Date of Delivery D. Is delivery address the same as item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center;">  </div> | |
| 1. Article Addressed to: JUNE M. RYDZIK 4 BRONSON DRIVE BEACON FALLS, CT 06403 | | E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Mail <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| 2. Article Number (Transfer from service label) 7015 0640 0001 3220 5664 | | | |

4. Regarding Petition Section 4.0, describe the proposed lighting system, including total number of lights to be installed, location of lights, and number of lights to be operated at night. Describe the “dark sky” type light system.

A4: Attached please find the Electrical Site Lighting and Security Camera Plan E-133 (Attachment 4). There will be approximately twenty-three pole mounted fixtures in the generation facility (shown) and there will be approximately five additional fixtures in the switchyard (not shown). All of the lights are anticipated to be operated at night for security purposes. By “dark sky” type light system, the Lithonia D-Series fixtures to be used at the project are listed by the International Dark-Sky Association as being Dark-Sky Friendly Lighting.



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5. Regarding Petition Section 5.4.2, identify the nearest residential property to the fuel cell compound fence.

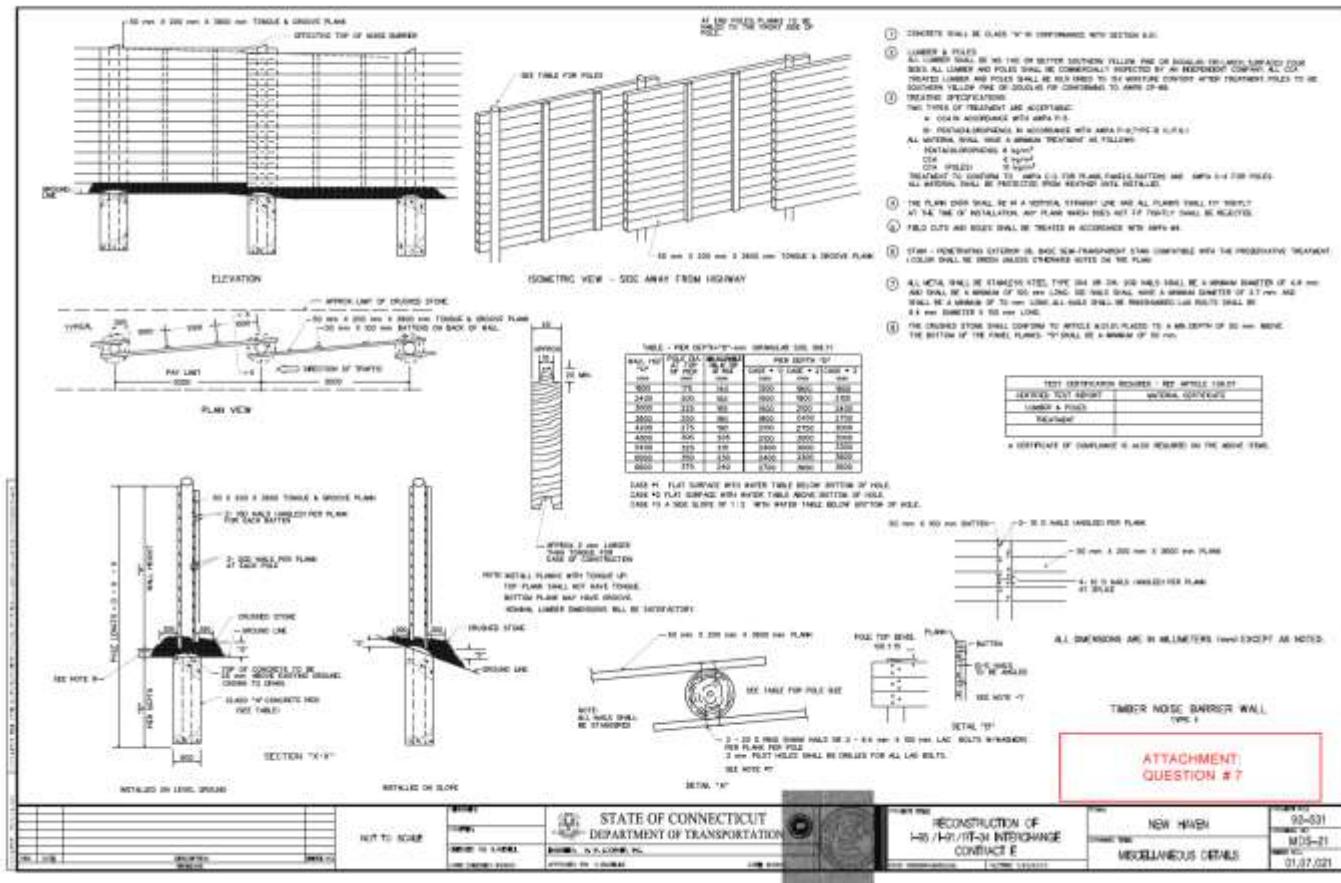
A5: The approximate distance (per the “6-11-15 C-300-Model” drawing) from the fuel cell compound fence to the nearest residential property, 38 Gruber Road, is 270 feet.

6. Does the noise modeling account for vegetation? If so, how is this parameter quantified for the purpose on the noise model?

A6: No vegetation was included in the noise model. The area was treated as if there was and would be no intervening vegetation between the Project sources and the residential locations.

7. What is the height and composition of the proposed sound barrier?

A7: O&G proposes to use a standard DOT noise barrier design. Please see attached drawing MDS-21 (Attachment 7). The proposed sound barrier will be 12' tall, approximately 900 linear feet long and will be made of wood and colored green.



8. Is it possible to reconfigure the fuel cell site layout by moving the westernmost row of DFC 3000 fuel cell units to the southern portion of the parcel, adjacent to the infiltration basins? If so, would this relocation decrease projected noise levels along Gruber Road?

A8: For reliability and to minimize impacts on the existing water infrastructure, O&G has added a water storage tank and forwarding pumps to the project design. Please see attached revised drawing GU-2 (Attachment 8). The noise study currently predicts noise levels below standards by utilizing low acoustic profile fuel cells and by constructing a sound barrier wall. The presence of vegetation that was not included in the model may make actual noise readings from the facility lower than predicted. The present Fuel Cell layout is optimal.



9. Regarding Petition Section 5.10.3, define “bio-swale” and “bio infiltration basin”.

A9: **Bioswale** - a long, channeled depression or trench that receives rainwater runoff (as from impervious surfaces), that has topsoil that can support vegetation (such as grasses, sedges, rushes, wildflowers and/or shrubs) and that is designed to slow water to allow for infiltration and filter stormwater runoff pollutants via vegetative uptake.

Bioinfiltration basins – stormwater impoundments designed to capture and infiltrate the water quality volume over several days. The basin is typically vegetated to help increase the infiltration capacity of the basin, allow for vegetative uptake, and reduce soil erosion and scouring of the basin. Many bio infiltration basins are designed as groundwater recharge systems. (CTDEEP 2004 Connecticut Stormwater Quality Manual)

10. What is the height of the lattice terminal structure in the proposed electrical substation?

A10: The height of the terminal structure will be dependent upon the utility interconnection design and is to-be-determined.

11. Provide a revised landscape plan that accounts for the proposed sound barrier, construction access way, and associated clearing.

A11: Please see the attached detailed landscape plans included as Attachment 11. Be advised that there are numerous mature trees in the vicinity of the proposed sound barrier wall. There is existing spacing between the trees for much of the length of the wall which will allow its installation with minor pruning. It is the developer's intent to preserve the existing trees to the public side of the wall and to "best fit" the wall to achieve this during detailed design and construction. Trees on the facility side of the wall will be preserved to the extent possible. The need for supplemental plantings will be evaluated at this time.

PLANTING NOTES

1. THE CONTRACTOR SHALL SUBMIT THE LIST OF ALL PLANTS USED FOR THE RESTORATION PLANS.
2. DENS ALL ESTABLISHED AND NEW RESTORATION COAST BANK HABITAT MATERIALS USED IN THE RESTORATION PLANS, PROVIDED A FIVE (5) PERCENT DISCOUNT FOR COPIES FOR THE LAWN DEPARTMENT.
3. THE CONTRACTOR SHALL PROVIDE A COPY OF THE PLANS FOR DENS HABITAT RESTORATION PROJECT THREE (3) PLANTING SEEDS.
4. NO PLANTING, PLACEMENT, OR REMOVAL OF PLANTS SHALL BE MADE UNLESS APPROVED BY THE LANDSCAPE ARCHITECT PRIOR TO AND DURING THE PLANTING.
5. PLANT MATERIALS ARE SUBJECT TO INSPECTION AND APPROVAL BY THE LANDSCAPE ARCHITECT PRIOR TO AND DURING THE PLANTING.
6. PLANT MATERIALS ARE SUBJECT TO INSPECTION AND APPROVAL BY THE LANDSCAPE ARCHITECT.
7. ALL PLANT MATERIALS SHALL BE PLANTED IN A MANNER THAT IS APPROPRIATE FOR THE SITE AND THAT IS APPROPRIATE FOR THE PLANT MATERIALS AND THE ENVIRONMENT IN WHICH THEY ARE PLANTED.
8. ALL PLANT MATERIALS SHALL BE PLANTED IN A MANNER THAT IS APPROPRIATE FOR THE SITE AND THAT IS APPROPRIATE FOR THE PLANT MATERIALS AND THE ENVIRONMENT IN WHICH THEY ARE PLANTED.
9. INDEPENDENTLY, DENS SHALL INSPECT THE PLANT MATERIALS AND SHALL CONFIRM THAT ALL PLANT MATERIALS ARE APPROPRIATE FOR THE LANDSCAPE ARCHITECT'S PLANTING PLANS. PLANT MATERIALS THAT ARE APPROPRIATE FOR THE LANDSCAPE ARCHITECT'S PLANTING PLANS, BUT ARE NOT APPROPRIATE FOR THE PLANTING SITE, SHALL BE RETURNED TO THE CONTRACTOR, RESTORATION OF MATERIALS, AND ALL OTHERS COSTS INCURRED FOR PLANTING OF THE PLANTS.
10. CONTRACTOR TO ARRANGE PLANT MATERIALS ON ONE SIDE OF THE PLANTING.

BASIN PLANTING NOTES.

- 1. ALL TOPICS 30 TO BE STICKERED, ECONOMIC, AND REPLIED TO CORRECTLY. INCLUDES A PARAGRAPH OF PICTURES.
- 2. THE TITLE OF THE BLOGS NOT TO BE COMPRESSED. 2000 WORDS WITH THE DIRECTED TO BE USED 1000 WORDS OR 95% OF THE WORDS. PUBLICATION RATE IS DEPENDENT TO PUBLISHED BLOGS. TOPICS ARE TO BE USED AS IT IS.
- 3. ALL WORDS ARE STICKERED AND APPROVED. CORRECTIVE FEEDBACK IS TO BE USED TO REDUCE PRACTICALLY 0% OF ERRORS.
- 4. ALL BLOGS PUBLISHED ARE TO BE PUBLISHED ONLY ON THE 01ST OF EACH MONTH OR CORRECTIVE FEEDBACK IS CONSIDERED ANNUAL.

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ANSWER

PLANT SCHEDULE

1989 10-11-1989-1990 1990-1991 1991-1992 1992-1993

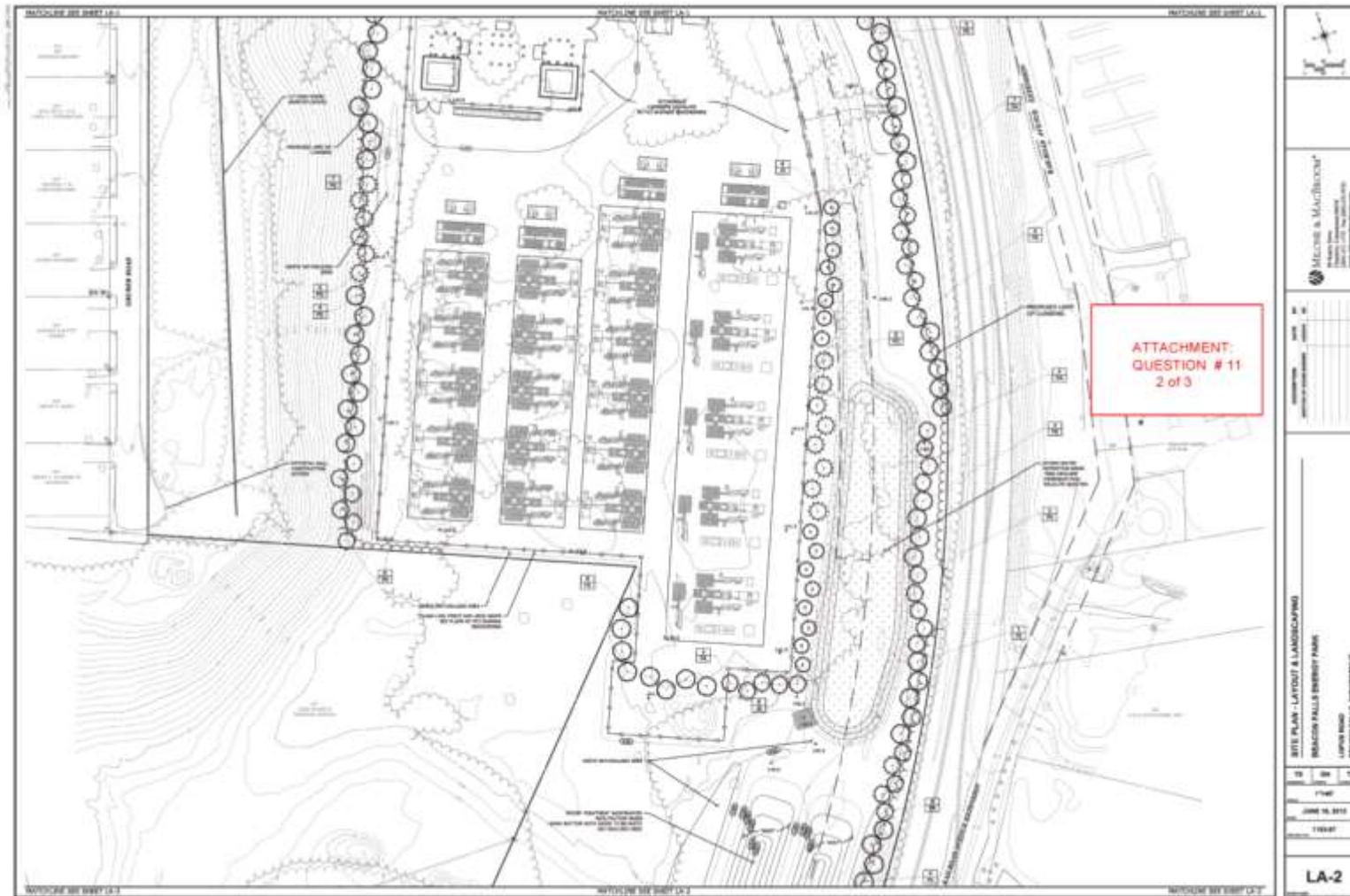
SEND MENES

更多資訊請上網：www.luxottica.com.tw

ALL OTHER INFORMATION WHICH IS RELEVANT
ACCORDING TO THE APPLICATION DATE
(PCT-1970)

ATTACHMENT
QUESTION # 11
1 of 3







| | |
|---------------------------|-------------|
| | NAME: _____ |
| INSTRUMENTS: | _____ |
| DATE: | _____ |
| TIME: | _____ |
| JOHN D. MELLON | _____ |
| BEACON FALLS, CONNECTICUT | _____ |
| LA-3 | _____ |

12. What types of evergreens are proposed for landscaping? Can the selected species tolerate well-drained sandy soils? Can red cedar be added to the landscaping plan?

A12: Eastern Red Cedar are included in the detailed landscape plan. The detailed landscape plan specifies 25 Eastern Red Cedar, 47 Norway Spruce, 14 White Spruce, and 70 White Pine. Planted heights range from 6-8 feet. All species can tolerate well drained sandy soil.

13. Describe the dates/times of the wildlife surveys and the method used to search for the hognose snake, a State special concern species.

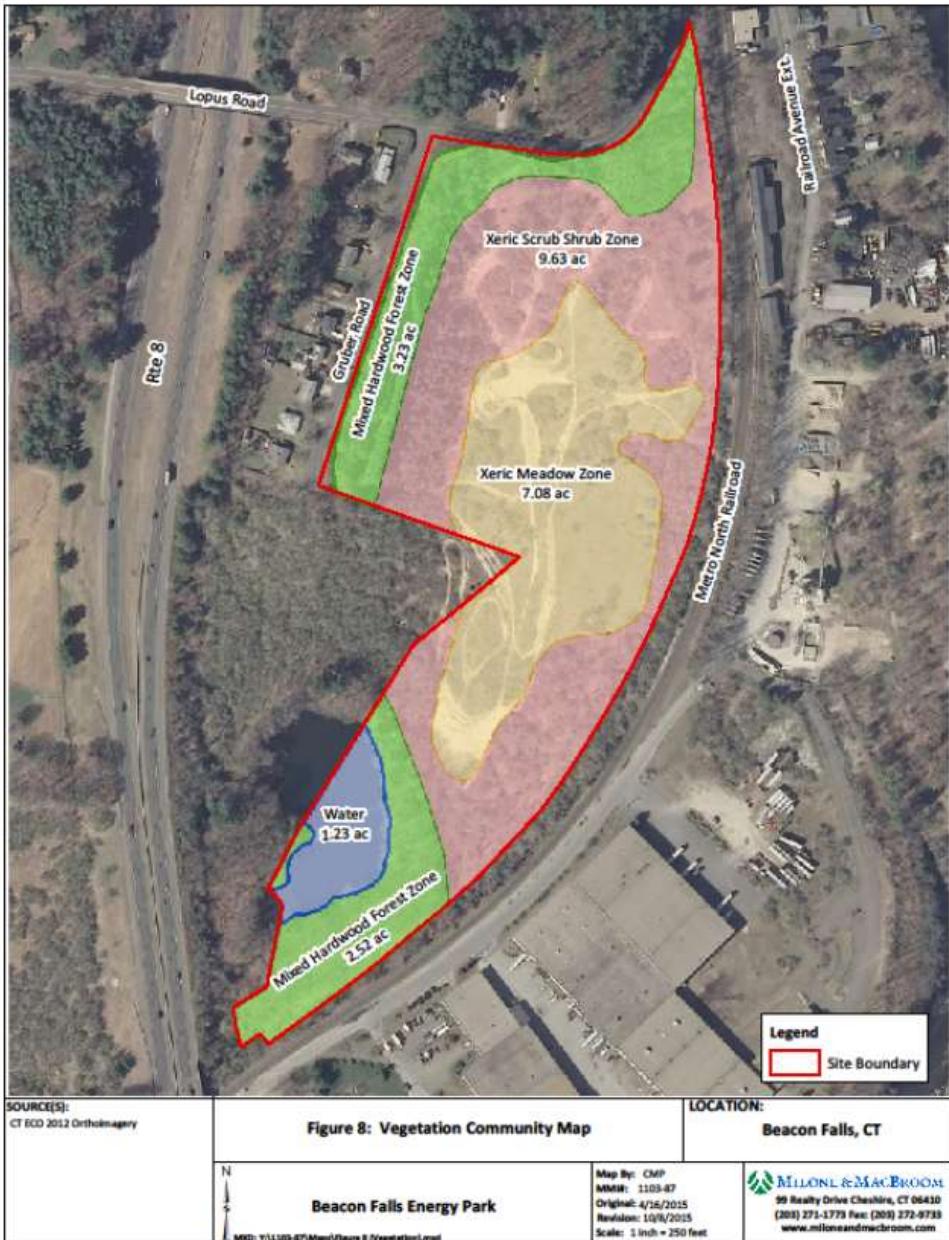
A13: As described in the Field Habitat Assessment Report (8/5/2015), searches for hognose snake took place in July 2015 (July 1, 8, 10, 27 & 30). Searches took place in the mid-morning hours from 8am – to noon, when temperatures were in the 70s to low 80s degrees F. The visual encounter method was utilized during intense cover searches of the site, including the sandy mixed hardwood and white pine forested areas, sandy scrub shrub and herbaceous xeric zones, rock piles, rodent burrows, and woody debris piles. No signs of hognose snakes were found but habitat seemed suitable for this species and one of their preferred prey items, American toad, was common on the site. The application materials contain a protocol for additional searches and ‘sweeps’ prior to initiation of construction to better protect this species and others that might be present on the site.

14. Comment on the size of the on-site xeric shrub scrub zone and xeric meadow zone for the potential of these habitats to support a viable populations of hognose snakes and box turtles. Provide literature citations to support conclusions based on habitat fragment size.

A14: Neither of these special concern species was encountered during the many field hours spent on-site. The recommended protocol of pre-construction searches and sweeps will provide an added measure of protection to local populations, should they exist. The relative size of the xeric scrub-shrub habitat and xeric meadow habitat was estimated from current aerials and USDA – NRCS soil survey maps augmented by field observations. See attached graphic (Attachment 14) for a depiction of the following:

- Xeric scrub-shrub: 9.63 acres
- Xeric meadow: 7.08 acres
- Forest: 5.75 acres
- Water: 1.23 acres

Both Klemens (1993) and DeGraaf and Yamasaki (2001) describe Eastern box turtles as having a very small home range (often less than 750 feet) although some individuals (males) may be true transients. The same sources describe the home range of Eastern hognose snake as small (perhaps only 100 feet).



ATTACHMENT:
QUESTION # 14

15. Would the fuel cell shut down in the event of a power outage, and if so, does it have “black start” (automatic restart) capability?

A15: No, the fuel cell plants will not shut down in the event of a grid power outage. The individual fuel cell plants will open their respective tie (output) breakers and transition from grid connected to stand-alone power operation, carrying their own parasitic loads. When grid power is restored, the fuel cell plants will automatically resynchronize with, and reconnect to, the grid by closing their respective tie (output) breakers and will automatically commence load ramping back to full power.

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