

Municipal Permit Application to Add a Regulated Activity to a Registered Facility in an Aquifer Protection Area

Please complete this form in accordance with the instructions [FORM NUMBER] to ensure the proper handling of your permit application. Print or type unless otherwise noted. You must submit the application fee along with this form.

This permit application form is for adding a regulated activity to a facility where a registered regulated activity occurs in an Aquifer Protection Area in accordance with Section [NUMBER] of the Aquifer Protection Area Regulations in the [TOWN/CITY NAME].

AGENCY USE ONLY	
Application No.	_____
Registration No.	_____
Permit No.	_____
APA Name	_____
Date of Receipt	_____

Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A new permit</p> <p><input type="checkbox"/> A renewal of an existing permit</p> <p><input type="checkbox"/> A modification of an existing permit*</p>	<p>Please identify the existing aquifer protection registration number:</p> <p>_____</p> <p>Please identify any existing aquifer protection permit number(s):</p> <p>_____</p>
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* Note that if you are seeking a *modification*, you should consult the [TOWN/CITY NAME] Aquifer Protection Agency at [PHONE NUMBER] prior to submitting an application to determine whether an application form is necessary.

Part II: Fee Information

An application fee of \$[FEE AMOUNT] shall be submitted with the application form. An application shall not be deemed complete and no activity will be authorized by this application unless the application fee has been paid in full. The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the [TOWN/CITY NAME].

Part III: Applicant Information

1. Fill in the name of the applicant(s). This shall be the same as the registrant(s) for the facility.

Name of Applicant: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

E-mail address: _____

Applicant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

site owner option holder lessee facility owner

easement holder operator other (specify): _____

Name of Company: _____

Check here if there are co-applicants. If so, label and attach additional sheet(s) to this sheet with the required information.

Part III: Applicant Information (continued)

2. List primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

E-mail address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

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

Part IV: Registrant Information

1. Fill in the following information concerning the registrant(s) as indicated on the registration, if different than the applicant.

Name of Registrant: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Registrant's interest in property or facility at which the proposed activity is to be located:
(check all that apply)

site owner option holder lessee facility owner

easement holder operator other (specify): _____

Name of Company: _____

Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

Part V: Facility Information

1. Name of facility, if applicable: _____

Street Address or Description of Location: _____

City/Town: _____ State: _____ Zip Code: _____

2. From the following list and in the appropriate column, check *all* regulated activities that a) are **registered** at the facility, b) are registered and will **continue** to be conducted at the facility, c) are not registered, but are **proposed** to be conducted at the facility as a permitted activity.

Regulated Activity: For a full description of each regulated activity see Section [NUMBER] of the Aquifer Protection Area Regulations of the [TOWN/CITY NAME] or Appendix A of the instructions ([FORM NUMBER]).

Regulated Activity	registered	registered and will continue to be conducted	not registered but proposed to be conducted
	√	√	√
(A) Underground storage or transmission of oil or petroleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part V: Facility Information (continued)

Regulated Activity	registered	registered and will continue to be conducted	not registered but proposed to be conducted
	√	√	√
(D) Repair or maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Wastewater discharges to ground water other than domestic sewage and stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Car or truck washing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Production or refining of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Industrial laundry service (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Generation of electrical power by means of fossil fuels (power plant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Production of electronic boards, electrical components, or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) Embalming or crematory services (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) Furniture stripping operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) Furniture finishing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) Biological or chemical testing, analysis or research (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(R) Pest control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(S) Photographic finishing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(T) Production or fabrication of metal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(U) Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a DEP Permit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(W) Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(X) Storage of de-icing chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Z) Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part V: Facility Information (continued)

Regulated Activity	registered √	registered and will continue to be conducted √	not registered but proposed to be conducted √
(AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(BB) Pulp production processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VI: Best Management Practices

The applicant and operator, if different from the applicant, must certify that the facility is in compliance with all the best management practices set forth in Section [NUMBER] of the Aquifer Protection Area Regulations. The applicant and the operator, if different from the applicant, must sign this part. An application will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section [NUMBER] of the Aquifer Protection Area Regulations or Appendix B of the instructions [FORM NUMBER].

"I certify that the subject facility is in compliance with all the best management practices set forth in Section [NUMBER] of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices. "

- Storage of hazardous materials above ground is in compliance with all provisions of Section [NUMBER] of the Aquifer Protection Area Regulations.
- The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section [NUMBER] of the Aquifer Protection Area Regulations.
- Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section [NUMBER] of the Aquifer Protection Area Regulations.
- Devices for release of wastewaters to the ground shall not be used except in accordance with Section [NUMBER] of the Aquifer Protection Area Regulations.
- A Materials Management Plan has been developed in accordance with Section [NUMBER] of the Aquifer Protection Area Regulations and will be implemented upon issuance of a permit.
- A Stormwater Management Plan has been developed in accordance with Section [NUMBER] of the Aquifer Protection Area Regulations and will be implemented upon issuance of a permit.

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

Part VII: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name.

<input type="checkbox"/>	Attachment A: A Facility Boundary Map
<input type="checkbox"/>	Attachment B: Materials Management Plan
<input type="checkbox"/>	Attachment C: Stormwater Management Plan
<input type="checkbox"/>	Attachment D: Environmental Compliance Information Form [FORM NUMBER]

Part VIII: Applicant Certification

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

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, 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 any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

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

Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the Permit Application Form, Fee, and all Supporting Documents to:
 [AQUIFER PROTECTION AGENCY]
 [TOWN HALL]
 [STREET NAME] [PO BOX]
 [CITY/TOWN NAME] [STATE] [ZIP CODE]

The applicant shall also mail a copy of this completed application form to the following:

- Commissioner of the Department of Environmental Protection,
- Commissioner of Public Health, and
- The affected water company. (See Appendix C of the instructions for contacts and mailing addresses.)