



TOWN OF EAST LYME
AQUIFER PROTECTION AGENCY

Application
To Register a Facility or to Permit Activities
In an Aquifer Protection Area

This application form is for registering a facility or for permitting activities in the Aquifer Protection Area of either Gorton Pond Well Field or the Dodge Pond Well Field in accordance with the Aquifer Protection Area Regulations of the Town of East Lyme.

You must submit with this completed form a non-refundable application fee made payable to the "Town of East Lyme".

You must mail a copy of the completed form to each of the Commissioners of state Departments of Environmental Protection and Public Health, as well as The Connecticut Water Company.

AGENCY USE ONLY
Date of Filing _____
Date of Receipt _____
Fee \$ _____
Application No. _____
APA Name _____
Facility Name _____
Map / Lot _____
Previous Registration / Permit No. _____

Registration or Permit Type

Check the appropriate box identifying the registration or permit type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new registration for a facility</i></p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration*</p> <p><input type="checkbox"/> A registration for a <i>vacant site</i>**</p> <p><input type="checkbox"/> A <i>transfer</i> of a registration</p>	<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new permit for an activity or activities</i></p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit*</p> <p><input type="checkbox"/> A permit for a <i>inactive activity</i>**</p> <p><input type="checkbox"/> A <i>transfer</i> of a permit</p>
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* Note that if you are seeking a *modification*, you should consult the Aquifer Protection Agency at (860) 395-3131 prior to submitting an application to determine whether a registration or permit is necessary.

** Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

Applicant Information

Indicate if the party to be the primary contact for correspondence or inquiries is different than the applicant.

Applicant(s)	
Name of Applicant: _____	Name of Company: _____
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Business Phone: _____ ext. _____	Cell Phone: _____
E-mail address: _____	Fax: _____
Applicant's interest in property or facility at which the proposed activity is to be located: (check all that apply)	
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder
<input type="checkbox"/> easement holder	<input type="checkbox"/> operator
<input type="checkbox"/> lessee	<input type="checkbox"/> facility owner
<input type="checkbox"/> other (specify): _____	

Engineer or other consultant	
Name of Company: _____	Service Provided: _____
Contact Person: _____	Title: _____
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Business Phone: _____ ext. _____	Cell Phone: _____
E-mail address: _____	Fax: _____
Attorney or other representative	
Name of Firm: _____	Service Provided: _____
Contact Person: _____	Title: _____
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Business Phone: _____ ext. _____	Cell Phone: _____
E-mail address: _____	Fax: _____

Facility Information

Facility	
Name: _____	
Street Address: _____	Assessor's Map / Lot: _____
Facility Owner	
Name: _____	
Contact Person: _____	Title: _____
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Business Phone: _____ ext. _____	Cell Phone: _____
E-mail address: _____	Fax: _____
Facility Operator	
Name: _____	
Contact Person: _____	Title: _____
Mailing Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Business Phone: _____ ext. _____	Cell Phone: _____
E-mail address: _____	Fax: _____

Supporting Documents

Please verify that *all* applicable attachments have been submitted with this application form (check each box).

<input type="checkbox"/> A Facility Boundary Map (<i>required for all applications</i>) An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations.
<input type="checkbox"/> Materials Management Plan, <i>if requested by the Agency.</i>

<input type="checkbox"/> Stormwater Management Plan, <i>if requested by the Agency.</i>

Activity Information

For a full description of each regulated activity, see the Aquifer Protection Area Regulations.

	permitted	permitted and will continue as an activity	not yet permitted but proposed to be an activity
From the following list, check <i>all</i> regulated activities conducted at the facility.			
Underground storage or transmission of oil or petroleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site storage of hazardous materials for the purpose of wholesale sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair / maintenance of vehicles or internal combustion engines of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage operations of metal or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater discharges to groundwater other than domestic sewage or stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car or truck washing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or refining of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes or cloth cleaning service (dry cleaner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial laundry service (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generation of electrical power by means of fossil fuels (power plants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production of electronic boards, components, or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embalming or crematory services (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture stripping operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture finishing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage, treatment or disposal of hazardous waste under a RCRA permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological or chemical testing, analysis or research (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pest control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographic finishing (unsewered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production or fabrication of metal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printing, plate making, lithography, photoengraving, or gravure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production of rubber, resin cements, elastomers or plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage of de-icing chemicals (salt facility, fleet, state or municipal garage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dying, coating or printing of textiles, or tanning or finishing of leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production of wood veneer, plywood, reconstituted or pressure-treated wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulp production processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth the Aquifer Protection Area Regulations.

<p>"I certify that the subject facility is in compliance with all the best management practices 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."</p> <ul style="list-style-type: none"> <input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of the Aquifer Protection Area Regulations. <input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with the Aquifer Protection Area Regulations. <input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of the Aquifer Protection Area Regulations. <input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with the Aquifer Protection Area Regulations. <input type="checkbox"/> A Materials Management Plan has been developed in accordance with the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration. 	
Signature of Applicant	Date
Name of Applicant (print ortepe)	Title (if applicable)
Signature of Operator (if different than above)	Date
Name of Operator (print ortepe)	Title (if applicable)

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.

<p><i>"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></p> <p><i>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></p> <p><i>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></p> <p><i>I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."</i></p>	
Signature of Applicant	Date
Name of Applicant (print ortepe)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print ortepe)	Title (if applicable)