



TOWN OF EAST LYME
AQUIFER PROTECTION AGENCY

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

This application form is for registering a facility 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.

AGENCY USE ONLY
Date of Filing 9/20/2022
Date of Receipt 9/20/2022
Fee \$NO FEE FOR REGISTRATION
Application No.
APA Name
Facility Name
Map / Lot
Previous Registration / Permit No.

You must mail a copy of the completed form to each of the Commissioners of state Departments of Energy and Environmental Protection and Public Health, as well as The Town of East Lyme Water Department.

Registration Type

Check the appropriate box identifying the registration type.

This application is for (check one):
[ ] A new registration for a facility
[X] A renewal of an existing registration
[ ] A modification of an existing registration\*
[ ] A registration for a vacant site\*\*
[ ] A transfer of a registration
RECEIVED
SEP 20 2022
TOWN OF EAST LYME
LAND USE

\* Note that if you are seeking a modification, you should consult the Aquifer Protection Agency at (860) 691-4114 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) Christine Monaco DiMauvo
Name of Applicant: Michael Monaco Name of Company: Monaco Forest of Niantic
Mailing Address: 218 Flanders Road
City/Town: Niantic State: CT Zip Code: 06357
Business Phone: 860 739 5403 ext. 116 Cell Phone:
E-mail address: Chrissy.m@monacoforest.com Fax: 860 739 2702
Applicant's interest in property or facility at which the proposed activity is to be located: (check all that apply)
[ ] site owner [ ] option holder [X] lessee [ ] facility owner
[ ] easement holder [ ] operator [ ] 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: JACOBS, WALKER, RICE, & BARRY Service Provided: ATTORNEY  
 Contact Person: ALEXANDRA BOWEN Title: ATTORNEY/PARTNER  
 Mailing Address: 110 MAIN STREET  
 City/Town: MANCHESTER State: CT Zip Code: 06040  
 Business Phone: 800-640-0121 ext. 25 Cell Phone: \_\_\_\_\_  
 E-mail address: abowen@jwrbc.com Fax: 800-645-6229

**Facility**  
 Name: FITZLEVA II  
 Street Address: 218 FLANDERS ROAD Assessor's Map / Lot: \_\_\_\_\_

**Facility Owner**  
 Name: FITZLEVA II / DICK FITZPATRICK & JAMES LEVA  
 Contact Person: DICK FITZPATRICK Title: MEMBER / OWNER  
 Mailing Address: 185 AMITY ROAD  
 City/Town: WOODBRIIDGE State: CT Zip Code: 06525  
 Business Phone: 203-389-7100 ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail address: lwynne2000@yahoo.com Fax: \_\_\_\_\_

**Facility Operator**  
 Name: Christine Monaco DiMoro / Michael Monaco  
 Contact Person: Michael Monaco Title: Owner  
 Mailing Address: 218 Flanders Road  
 City/Town: Mantic State: CT Zip Code: 06257  
 Business Phone: 800-250-5032 ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail address: MikeM@monaco-fordinc.com Fax: \_\_\_\_\_

- Please verify that all applicable attachments have been submitted with this application form (check each box).
- A Facility Boundary Map (required for all applications)  
 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.
  - Materials Management Plan, if requested by the Agency.
  - Stormwater Management Plan, if requested by the Agency.

**Activity Information**

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


|  |                                     |
|--|-------------------------------------|
| Underground storage or transmission of oil or petroleum  | <input type="checkbox"/>            |
| Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use  | <input type="checkbox"/>            |
| On-site storage of hazardous materials for the purpose of wholesale sale   | <input type="checkbox"/>            |
| Repair / maintenance of vehicles or internal combustion engines of vehicles  | <input checked="" type="checkbox"/> |
| Salvage operations of metal or vehicle parts   | <input type="checkbox"/>            |
| Wastewater discharges to groundwater other than domestic sewage or stormwater  | <input type="checkbox"/>            |
| Car or truck washing (unsewered)   | <input type="checkbox"/>            |
| Production or refining of chemicals  | <input type="checkbox"/>            |
| Clothes or cloth cleaning service (dry cleaner)  | <input type="checkbox"/>            |
| Industrial laundry service (unsewered)   | <input type="checkbox"/>            |
| Generation of electrical power by means of fossil fuels (power plants)   | <input type="checkbox"/>            |
| Production of electronic boards, components, or other electrical equipment   | <input type="checkbox"/>            |
| Embalming or crematory services (unsewered)  | <input type="checkbox"/>            |
| Furniture stripping operations   | <input type="checkbox"/>            |
| Furniture finishing operations   | <input type="checkbox"/>            |
| Storage, treatment or disposal of hazardous waste under a RCRA permit  | <input type="checkbox"/>            |
| Biological or chemical testing, analysis or research (unsewered)   | <input type="checkbox"/>            |
| Pest control services  | <input type="checkbox"/>            |
| Photographic finishing (unsewered)   | <input type="checkbox"/>            |
| Production or fabrication of metal products  | <input type="checkbox"/>            |
| Printing, plate making, lithography, photoengraving, or gravure  | <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"/>            |
| Production of rubber, resin cements, elastomers or plastic   | <input type="checkbox"/>            |
| Storage of de-icing chemicals (salt facility, fleet, state or municipal garage)  | <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"/>            |
| Dyeing, coating or printing of textiles, or tanning or finishing of leather  | <input type="checkbox"/>            |
| Production of wood veneer, plywood, reconstituted or pressure-treated wood   | <input type="checkbox"/>            |
| Pulp production processes  | <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.

"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."

- Storage of hazardous materials above ground is in compliance with all provisions of the Aquifer Protection Area Regulations.
- The number of underground storage tanks used to store hazardous materials shall not increase in accordance with the Aquifer Protection Area Regulations. *none*
- 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.
- Devices for release of wastewaters to the ground shall not be used except in accordance with the Aquifer Protection Area Regulations.
- A Materials Management Plan has been developed in accordance with the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

|   |                                       |
|---|---------------------------------------|
| <br>Signature of Applicant | <i>10-13-2022</i><br>Date             |
| <i>Michael Monaco</i><br>Name of Applicant (print or type)  | <i>Owner</i><br>Title (if applicable) |
| Signature of Operator (if different than above)   | Date                                  |
| Name of Operator (print or type)  | Title (if applicable)                 |

### Applicant Certification

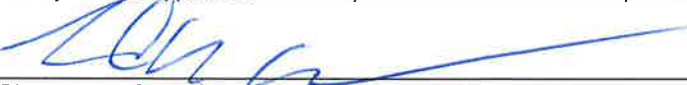
The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided.

"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."*

|   |                                       |
|---|---------------------------------------|
| <br>Signature of Applicant | <i>10-13-2022</i><br>Date             |
| <i>Michael Monaco</i><br>Name of Applicant (print or type)  | <i>Owner</i><br>Title (if applicable) |
| Signature of Preparer (if different than above)   | Date                                  |
| Name of Preparer (print or type)  | Title (if applicable)                 |

