



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.

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.

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

Registration Type

Check the appropriate box identifying the registration type.

<p>This application is for (check one):</p> <p><input checked="" type="checkbox"/> A <i>new registration for a facility</i></p> <p><input type="checkbox"/> A <i>renewal of an existing registration</i></p> <p><input type="checkbox"/> A <i>modification of an existing registration*</i></p> <p><input type="checkbox"/> A registration for a <i>vacant site**</i></p> <p><input type="checkbox"/> A <i>transfer of a registration</i></p>	<p>Received</p> <p>SEP 25 2023</p> <p>Town of East Lyme Land Use</p>
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* 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)	
Name of Applicant: <u>Basim Bahdal</u>	Name of Company: <u>Niantic Star LLC</u>
Mailing Address: <u>263 Flinders Road</u>	
City/Town: <u>Niantic</u>	State: <u>CT</u> Zip Code: <u>06357</u>
Business Phone: <u>860-451-8188</u> ext. _____	Cell Phone: <u>203-521-9693</u> <u>Best Way</u>
E-mail address: <u>maheerbahdal@yahoo.com</u>	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 checked="" type="checkbox"/> lessee	<input type="checkbox"/> facility owner
<input type="checkbox"/> other (specify): _____	

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.
- 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.

 Signature of Applicant	9/25/23 Date
Basem Dahdal Name of Applicant (print or type)	Owner Title (if applicable)
 Signature of Operator (if different than above)	9/25/23 Date
MAHER DAHDAL Name of Operator (print or type)	Manager 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."

 Signature of Applicant	9/25/23 Date
Basem Dahdal Name of Applicant (print or type)	Owner Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

flanders

Search Results

Parcel Details

Return To Search Results

263 FLANDERS RD



NRPP LLC

263 FLANDERS RD
NIANTIC, CT 6357
Parcel ID: 26.1 10-1
Lot Size: 0.542 AC
Assessed Value: 724780

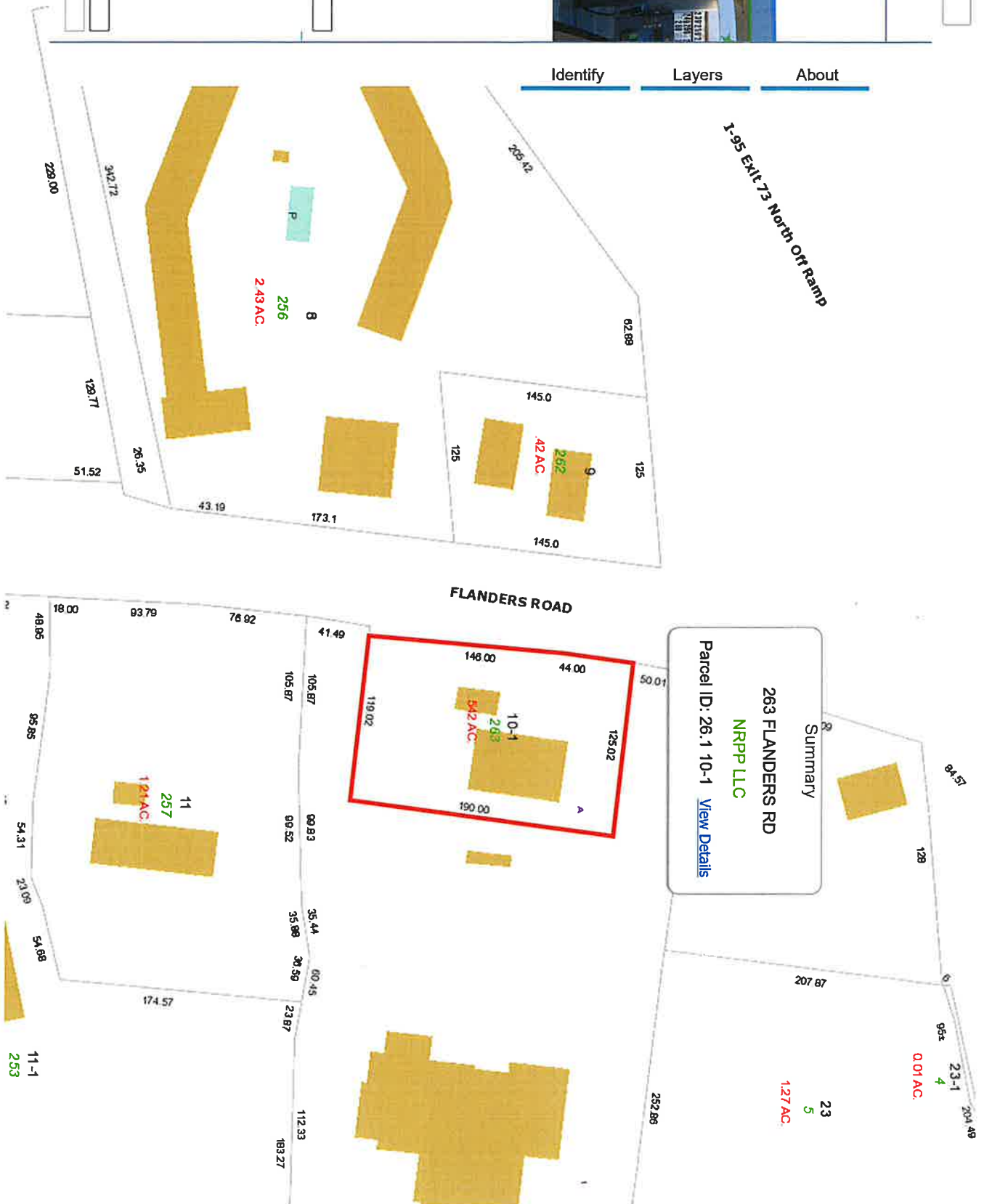
- Links:
 - Abutters
 - Bing Bird's Eye
 - Property Map
 - Google Map
- Abutter Distance:
- Adjacent
- 50 ft
- 100 ft
- 200 ft
- 300 ft
- 400 ft
- 500 ft
- 1000 ft

Find Abutters
Clear Abutters

AVPID 5404

Email Map Link

Identify Layers About



Copy and paste the following string into an email to link to the current map view:

lat:41.3597, long:-72.2073





**EMERGENCY
SHUT-OFF
SWITCH**



INVOICE

Renaissance Alliance Insurance Services, LLC
 2 Park Central Drive, Suite 300 • Southborough, MA 01772 • 800-514-2667



Your Agent

Client	NRPP, LLC
	92144
Date	08/26/2022
	The Reardon Agency
Page	1 of 1
Payment Due Upon Receipt To Ensure Continuous Coverage	
Amount Due	\$ 1,233.44
Amount Paid	
CST2019543-16 Invoice#296106	

NRPP, LLC
 252 Whistletown Road
 East Lyme, CT 06333

Please detach and return this portion with your payment

Make checks payable to: RAIS

Customer: NRPP, LLC

INVOICE #	EFFECTIVE DATE	TRANSACTION TYPE	DESCRIPTION	AMOUNT
296106	09/27/2022	Renew policy	Policy #CST2019543-16 09/27/2022-09/27/2023 Nautilus Insurance Company Pollution - Renew policy Surplus Lines Tax - Renew policy	1,186.00 47.44
Broker Copy				
				TOTAL
				\$ 1,233.44

If you have already paid your Agent or RAIS, please keep this invoice for your records
FOR ONLINE PAYMENT PLEASE VISIT: renaissanceins.epaypolicy.com

Thank you!

Renaissance Alliance Insurance Services, LLC
 2 Park Central Drive Suite 300
 Southborough, MA 01772

(800)514-2667

08/26/2022