



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Water Protection & Land Reuse  
Water Planning & Management Division

## Request for Authorization under the General Permit for Diversion of Water for Consumptive Use: Filing Categories

**Notice to Requesters:** Please complete this form in accordance with the [instructions](#) (DEEP-WPMD-INST-003) to ensure the proper handling of your request for authorization. Print or type unless otherwise noted. You must submit the applicable fee with this form. NOTE: For any "Reauthorization" activity, use the form entitled *Request for Reauthorization under the General Permit for Diversion of Water for Consumptive Use (DEEP-WPMD-REQ-001)*.

**Notice to Municipal Agencies:** This is a request for authorization submitted to the Department of Environmental Protection (DEP) pursuant to CGS section(s) 22a-6 and 22a-378a (Diversion of Water) and provided to you by the requestor as notice of their filing pursuant to CGS section 22a-378a(d).

For any questions, call DEEP's Water Planning and Management Division at 860-424-3704.

<b>CPPU USE ONLY</b>	
<b>App #:</b>	_____
<b>Doc #:</b>	_____
<b>Check #:</b>	_____
<b>Program:</b> <b>GP IWRD Diversion for Consumptive Use</b>	

### Part I: Eligible Diversion Activity and Fee Information

Check the appropriate box to indicate the proposed activity for which authorization is required. Refer to Section 3a of the *General Permit for Diversion of Water for Consumptive Use – "Filing Categories"* (DEEP-WPMD-GP-003) for a description of these activities. There may be multiple proposed activities occurring at one site. A separate request form is required for each eligibility category below and for eligible activities proposed at other sites. **The fee for municipalities is 50% of the listed rates.** The request will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or by such other method as the commissioner may allow.

Eligible Diversion Activity*	Fee [1038]
<input type="checkbox"/> Backup Well	\$1500.00
<input type="checkbox"/> Small Supplemental Bedrock Well	\$1500.00
<input type="checkbox"/> Small Water Supply System	\$1500.00
<input type="checkbox"/> Large Tidally-influenced River	\$1500.00

\* as described in Section 3a of the *General Permit for Diversion of Water for Consumptive Use: Filing Categories*"

## Part II: Requester Information

- If a requestor is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, requestor's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).
- If a requestor is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

### 1. Requestor Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject request. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Requestor Type (check one):  individual  \*business entity  federal agency  
 state agency  municipality  tribal

\*If a business entity:

- i) check type:  corporation  limited liability company  limited partnership  
 limited liability partnership  statutory trust  Other: \_\_\_\_\_

- ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at [CONCORD](#)

- iii)  Check here if you are **NOT** registered with the SOTS.

Check here if any co-requestors. If so, attach additional sheet(s) with the required information as requested above.

- b) Requestor's interest in property at which the proposed activity is to be located:

site owner  option holder  lessee  easement holder  operator  
 other (specify): \_\_\_\_\_

### 2. Billing contact, if different than the requestor.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

**Part II: Requester Information (continued)**

**3. Primary contact for departmental correspondence and inquiries, if different than the requestor.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

**4. Attorney or other representative, if applicable.**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Attorney:

Phone:

ext.

\*E-mail:

**5. Owner of the property, if different than the requestor.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

**6. Owner of the facility, if different than the requestor.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

**7. Consultant(s) employed or retained to assist in preparing the request for authorization or in designing or constructing the activity.**  Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

\*E-mail:

Service Provided:

## Part IV: Site Information

### 1. Site Name and Location

a. Name of Site(s) :

Street Address or Location Description:

City/Town:                      State:                      Zip Code:

b. Submit a Location Map as Attachment A. Refer to Section 4(c)(2)(A)(xii) of the *General Permit for Diversion of Water For Consumptive Use - "Filing Categories"* (DEEP-WPMD-GP-003) for location map requirements.

c. Latitude and Longitude of the location of the point of withdrawal in degrees, minutes, and seconds as derived from a global positioning system (GPS) or in decimal degrees:

Latitude:                      Longitude:

d. The site is located in basin number(s):

(Refer to the Connecticut Geological and Natural History Survey's map entitled "Natural Drainage Basins in Connecticut, 1981", as amended for basin delineation and nomenclature)

### 2. Wetlands and Watercourses

Name of any wetlands or watercourses located in the vicinity of the subject activity:

### 3. Public Water Supply Watershed

Is the subject activity located in a public water supply watershed?     Yes     No

If yes, provide the name of the water utility:

4. **Coastal Boundary:** Will the activity which is the subject of this request be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?     Yes     No

If yes, and this request is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed request as Attachment C.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

5. **Endangered or Threatened Species:** According to the most current "State and Federal Listed Species and Natural Communities Map", will the activity which is the subject of this request, including all impacted areas, be located within an area identified as a habitat for endangered, threatened or special concern species?

Yes     No    Date of Map:

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form. Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant.

A copy of the completed Request for NDDB State Listed Species Review Form and the CT NDDB response must be submitted with this completed request as Attachment D.

For more information visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB at 860-424-3011.

**Part IV: Site Information (continued)**

**6. Aquifer Protection Areas:** Will the site be located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes     No    If **yes**, check one:    Level A   **or**    Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site?    Yes     No

- a. If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the [local aquifer protection agent](#) or DEEP to take appropriate actions.
- b. If **no**, is the subject activity within 3,000 feet of and in the same subregional basin as an Aquifer Protection Area?     Yes     No

If yes is indicated in 6a or 6b above, include a statement signed by a duly authorized representative of the water company operating that Aquifer Protection Area, as required by Section 4(c)(2)(xv) of the *General Permit for Diversion of Water for Consumptive Use – “Filing Categories”* (DEEP-WPMD-GP-003), as Attachment E.

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

**7. Conservation or Preservation Restriction:** Will the activity which is the subject of this request be located within a conservation or preservation restriction area?     Yes     No

If Yes, proof of written notice of this request to the holder of such restriction or a letter from the holder of such restriction verifying that this request is in compliance with the terms of the restriction, must be submitted as Attachment F.

**8. Floodplain Management**

a. Does the subject activity involve permanent or temporary placement of fill or an above-ground structure in a floodplain?     Yes     No

If yes, and the requester is *not an agency of the State of Connecticut*, submit, as *Attachment G*, the certification by a licensed engineer, together with the hydraulic analysis in support thereof, that such fill or above-ground structure is designed in accordance with accepted engineering practices and conforms to the applicable flood management standards and criteria under 44CFR Chapter 1, Part 59 through 79, inclusive, and the standards for flood-proofing of structures established in RCSA section 25-68h-2.

b. If the requester has a Flood Management Certification for the subject activity, provide the certification number:

**9. Existing Conditions**

a. Describe the present use(s) of the property on which the subject activity is proposed.

Check here if additional sheets are attached to this page.



## Part V: Project Summary (continued)

### 3. Water Use

- a. Percent of diverted water that will be consumed or lost:                    %
- b. Percent of diverted water that will be discharged after use:                %
  - i. Percent discharged to sewage treatment plant:                    %  
Name of treatment plant:
  - ii. Percent discharged to a watercourse:                                %  
Name of watercourse:
  - iii. Percent discharged to groundwater:                                %
- c. Depict the location of the sewage treatment plant or discharge to the watercourse on the location map (*Attachment A*) or site plan (*Attachment B*).

### 4. Other Consumptive Uses

Provide the following information on each consumptive use located within 1500 feet of the subject diversion:

Consumptive Use/Type	Owner	Withdrawal (gallons/day)	Water Use
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Any consumptive use listed above must be depicted on the location map and/or site plan included in this request as *Attachment A* or *B*, respectively.

### 5. Backup Well

If the subject diversion is from a backup well as described in Section 3(a)(1) of the *General Permit for Diversion of Water for Consumptive Use: Filing Categories* (DEEP-WPMD-GP-003), provide the following information:

- a. Name of primary production well:
- b. Diversion registration or permit number of primary production well:
- c. Name of backup well:
- d. Straight-line, horizontal distance between the primary production well and the backup well:                feet.

## Part V: Project Summary (continued)

### 6. Small Supplemental Bedrock Well

If the subject diversion is a withdrawal of water as described in Section 3(a)(2) of the *General Permit for Diversion of Water for Consumptive Use: "Filing Categories"* (DEEP-WPMD-GP-003), provide the following information:

- a. Diversion registration or permit number(s) of the existing source(s):
  
- b. A well completion report, including well depth, a description of the earth materials penetrated (i.e. peat, silt, sand, gravel, clay) and yield test results, as *Attachment H*.

### 7. Small Water Supply System

If the subject diversion is a withdrawal of water as described in Section 3(a)(3) of the *General Permit for Diversion of Water for Consumptive Use: "Filing Categories"* (DEEP-WPMD-GP-003), provide the following information:

Size of the contributing upstream watershed of the nearest intermittent or perennial stream or river indicated on a current United States Geologic Survey 7.5 minute series topographic quadrangle, and located in the same basin as the subject well(s):                      acres

### 8. Water Companies

If the requester is a water company, provide the date such water company's water conservation and water supply emergency contingency plans were approved by the Department of Public Health:

Date of approval:

### 9. Fill in Wetlands / Watercourses:

Does the subject activity involve placement of fill material in a wetland or watercourse?     Yes     No  
(all such activities must be depicted on the site plan included as *Attachment B*)

If yes, complete items a through g.

- a. Volume of proposed fill:                      cubic yards
  
- b. Physical / chemical fill characteristics:
  
  
- c. Area of proposed fill:                      acres
  
- d. Volume of proposed excavation:                      cubic yards
  
- e. Area of proposed excavation:                      acres
  
- f. Area of any clearing, grubbing of land, or other alteration of the land:                      acres
  
- g. Describe the volume and area of any *temporary* fill, the purpose of such fill, and when it will be removed.



## Part V: Project Summary (continued)

### 10. Pollution Prevention and Best Management Practices

Describe any pollution prevention and best management practices that will be implemented during the design, construction and operation of the proposed activity to: conform with DEEP's *Best Management for Golf Course Water Use*, minimize soil erosion and control sedimentation; maintain an uninterrupted stream flow; prevent flooding; avoid adverse impacts to adjacent wells; avoid adverse impacts to fish and wildlife, particularly endangered or threatened species listed or identified by any federal or state governmental agency; minimize disturbance and pollution of floodplains, wetlands, and watercourses; or minimize other potential environmental damage. Where possible, any such practices should be included on the site plan (*Attachment B*).

Check here if additional sheets are attached to this page.

## Part VI: Supporting Documents

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

- Attachment A: Location Map: please review Section 4(c)(2)(A)(xii) of the General Permit for Diversion of Water for Consumptive Use—"Filing Categories" (DEEP-WPMD-GP-003).
- Attachment B: Site Plan: please review Section 4(c)(2)(A)(xiii) of the General Permit for Diversion of Water for Consumptive Use—"Filing Categories" (DEEP-WPMD-GP-003).
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: **Copy** of the completed *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) and the NDDB response, if applicable.
- Attachment E: For activities located in or near Aquifer Protection Areas: please review Section 4(c)(2)(A)(xv) of the General Permit for Diversion of Water for Consumptive Use—"Filing Categories" (DEEP-WPMD-GP-003).
- Attachment F: Conservation or Preservation Restriction Information, if applicable.
- Attachment G: For activities located in a floodplain: please review Section 4(c)(2)(A)(xiv) of the General Permit for Diversion of Water for Consumptive Use—"Filing Categories" (DEEP-WPMD-GP-003).  
For guidance, please refer to *Model Hydraulic Analysis, Supplemental Guidelines for Preparing Hydraulic Analyses in Permit Applications Submitted to the Inland Water Resources Division* (DEP-IWRD-GUID-001, Rev. 02/13/02).
- Attachment H: Well Completion Report.
- Attachment I: Other information provided by requester (list):

## Part VII: Copy of Application Form to Municipal Agencies

You must submit a complete copy of your request for authorization to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality that is, or may be, affected by the subject activity. Enter the names and addresses of the municipal agencies that were provided a complete copy of your request for authorization, including all of its attachments, the date such copy was submitted ("Date of Service"), and the type of service (check one).

### Wetlands Agency:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Conservation Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Planning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Combined Planning and Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

Check this box if the agencies of another municipality were served a copy of this request for authorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

**Part VIII: Requester Certification**

The requester *and* the individual(s) responsible for actually preparing the request for authorization must complete this section. A request for authorization will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that 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.</p> <p>I certify that this request for authorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that a complete copy of this request for authorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”</p>	
Signature of Requestor	Date
Printed Name of Requestor	Title (if applicable)
Signature of Preparer	Date
Printed Name of Preparer	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the total fee, the original application form, and **one copy** of your completed *Request for Authorization Form*, and all supporting documents to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

And submit one complete copy of your completed *Request for Authorization Form* and all supporting documents to each municipal agency listed in Part VII of this form.

**IMPORTANT: A diversion is authorized under the *General Permit for Diversion of Water for Consumptive Use – Filing Categories (DEEP-WPMD-GP-003)* upon receipt, by the commissioner, of a complete, sufficient *Request for Authorization* and appropriate fee, in accordance with Section 4 of that general permit.**