



Registration Form for a Connecticut Solid Waste Demonstration Project

Please complete this form in accordance with the instructions (DEP-SW-INST-003) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

DEP USE ONLY	
Registration No.	_____
Approval No.	_____

Part I: Registration Type

Check the appropriate box identifying the application type.

<p>The registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> Solid Waste Demonstration Project</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p>	<p>Please identify any previous or existing permit/authorization/registration number in the space provided.</p> <p>Existing permit/authorization/registration number:</p>
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Part II: Fee Information

<p>A fee of \$1,000.00 is to be submitted with <i>each</i> registration that you are submitting. Each Solid Waste Demonstration Project requires a separate registration. The fee for municipalities is 50% of the above listed rate. The registration 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 Environmental Protection.</p>
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Part III: Registrant Information

1. Registrant information:			
Registrant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Phone:	ext.	
Email:			
Registrant (check one): <input type="checkbox"/> individual <input type="checkbox"/> company <input type="checkbox"/> federal gov't <input type="checkbox"/> state agency <input type="checkbox"/> municipality			
If a Company, list company type (e.g., corporation, limited partnership, etc.):			
 <input type="checkbox"/> Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.			

Part III: Registrant Information (cont.)

2. Identify primary contact for departmental correspondence and inquiries, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

3. Identify attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Identify Facility Operator:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Identify Property Owner:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. Identify any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing the facility.

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: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:

Latitude:

Longitude:

Method of determination (check one):

GPS USGS Map Other (please specify):

If a USGS Map was used, provide the quadrangle name:

2. **COASTAL BOUNDARY:** Is the project site which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps? Yes No

If yes, and this registration is for a new authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment C.

Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).

3. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? Yes No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form* (DEP-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. DEP strongly recommends that registrants complete this process before submitting the subject registration.**

When submitting this registration form, include copies of any correspondence to and from the NDDB, including copies of the completed *CT NDDB Review Request Form*, as Attachment D.

For more information visit the DEP website at www.ct.gov/dep/endorangeredspecies (Review/Data Requests) or call the NDDB at 860-424-3011.

4. **AQUIFER PROTECTION AREAS:** Is the project site located within an aquifer protection area as defined in Section 22a-354a through 354bb of the General Statutes (CGS)? Yes No

If yes, is the site within an area identified on a Level A or Level B map? Yes No

To view the applicable list of towns and maps visit the DEP website at www.ct.gov/dep/aquiferprotection

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

5. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? Yes No

If Yes, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be submitted as Attachment E. See the instructions under this part for more details.

Part IV: Site Information (continued)

6. ENVIRONMENTAL JUSTICE COMMUNITIES:

- a. Does the site include a **new** facility or **new** activity located within an environmental justice community as defined in the instructions (DEP-RCY-INST-010)? Yes No

If yes, you must hold an informal public meeting concerning the subject activity prior to issuance of your permit approval. Refer to the instructions (DEP-RCY-INST-010) for more detail.

- b. Does the subject registration include an activity which will occur at an **existing applicable** facility, located within an environmental justice community? Yes No

If Yes, the registrant shall submit an Environmental Justice Public Participation Plan and adhere to the requirements of Public Act 08-94. Refer to the Environmental Justice Public Participation Guidelines (DEP-EJ-GUID-001) for more information (www.ct.gov/dep/environmentaljustice).

Part V: Solid Waste Demonstration Project Information

1. Describe how this proposed demonstration project (1) is necessary to research, develop or promote methods and technologies of solid waste management that are consistent with the goals of the state solid waste management plan; (2) does not pose a significant risk to human health or the environment; and (3) is consistent with the federal Water Pollution Control Act, the federal Rivers and Harbors Act, the federal Clean Air Act or the federal Resource Conservation and Recovery Act.

Part V: Solid Waste Demonstration Project Information (continued)

2. Identify the type of solid waste material proposed to be studied during the demonstration project, how it is generated and the quantities.

3. How is this solid waste/material currently being disposed and/or managed?

4. Describe what you expect to demonstrate during this study, the proposed timeline of this study, and how this solid waste/material could be reused, consistent with the SWMP and federal RCRA.

Part V: Solid Waste Demonstration Project Information (continued)

8. Any other pertinent data the registrant would like to include or submit as Attachment H to this registration.

Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration 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 registrant's name as indicated on this application form.

<input type="checkbox"/>	Attachment A:	An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the project site of proposed activities. Indicate the quadrangle name on the map.
<input type="checkbox"/>	Attachment B:	Facility Site Plan
<input type="checkbox"/>	Attachment C:	<i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment D:	CT NDDDB Information, if applicable.
<input type="checkbox"/>	Attachment E:	Conservation or Preservation Restriction Information, if applicable.
<input type="checkbox"/>	Attachment F:	Solid waste characterization studies that have been conducted.
<input type="checkbox"/>	Attachment G:	Contracts and/or letters of agreement/interest from others willing to participate in this demonstration project.
<input type="checkbox"/>	Attachment H:	Any other information the registrant deems necessary.

Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<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 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> <p>I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, and all Supporting Documents to:

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

This activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.