



**US Army Corps  
of Engineers**®  
New England District

**Appendix E: Self-Verification Notification Form**

This form is required for all inland projects in Connecticut, but it is not required if work is done within boundaries of Mashantucket Pequot or Mohegan Tribal Lands. At least two weeks before work commences, complete all fields (write “none” if applicable) below, send this form, Official Species List (see GC 12), documentation of THPO and SHPO notifications if applicable, site location map, project plans (not required for projects involving the installation of construction mats only) and any State or local approval(s) to:

Regulatory Division, Branch B  
U.S. Army Corps of Engineers  
696 Virginia Road  
Concord, MA 01742-2751  
or [cenae-r-ct@usace.army.mil](mailto:cenae-r-ct@usace.army.mil)

and

CT DEEP  
79 Elm Street  
Hartford, CT 06106-5127  
or [DEEP.LWRDRegulatorySubmittals@ct.gov](mailto:DEEP.LWRDRegulatorySubmittals@ct.gov)

State Permit Number: \_\_\_\_\_ Date of State Permit: \_\_\_\_\_

Permittee: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Phone(s) and Email: \_\_\_\_\_

Agent: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Phone(s) and Email: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Address, City, State & Zip: \_\_\_\_\_  
Phone(s) and Email: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Project Location (provide detailed description & locus map):  
Address, City, State & Zip: \_\_\_\_\_  
Lat. ° N, Long ° (Decimal Degrees): \_\_\_\_\_  
Waterway Name: \_\_\_\_\_

Proposed Work Dates: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Work will be done under the following GPs (circle all that apply):

2	5	6	9	10	11	12	13	14	15	17	18	19	21
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Area of Wetland Impacts (SF): Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Area of Waterway Impacts (SF): Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

TOTAL Project Impact (SF): Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Describe the specific work that will be undertaken in waters and wetlands: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have the THPOs and the CT SHPO been notified of the proposed work per the procedures in GC 11? If so, attach any responses received to this form.

Yes \_\_\_\_\_ date contacted \_\_\_\_\_ No \_\_\_\_\_

Are there Federally listed endangered/threatened species, other than the northern long-eared bat, present? (see GC 12) Yes \_\_\_\_\_ No \_\_\_\_\_

Confirm no SAVs are present or will be impacted: Yes \_\_\_\_\_ No \_\_\_\_\_

Applicable to GPs:

2	5	6	9	10	11	12	13	14	15	17	18	19	21
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Confirm no unconfined work with impact to diadromous fish (see App. H): Yes \_\_\_\_\_ No \_\_\_\_\_

Applicable to GPs:

2	5	6	9	10	19
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Confirm work complies with Stream Crossing BMPs (see App. G): Yes \_\_\_\_\_ No \_\_\_\_\_

Applicable to GPs:

2	6	17	19
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If GP 19 and work does not comply with Appendix G, identify date of Interagency Meeting where waiver was granted: Date of Meeting: \_\_\_\_\_

Identify interagency participants: CT DEEP: \_\_\_\_\_ USACE: \_\_\_\_\_

**Will your project include any secondary effects?** (Secondary effects include, but are not limited to, non-tidal waters or wetlands drained, flooded, fragmented, or mechanically cleared resulting from a single and complete project. See Appendix F - Definitions.) If YES, describe here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature below, as permittee, indicates that you accept and agree to comply with the terms, eligibility criteria, and general conditions for Self-Verification under the Connecticut GPs.

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_