

## Connecticut Department of Energy & Environmental Protection

# **Pre-Application Questionnaire**

In order to ensure we have an effective pre-application meeting, **please review every question and respond where applicable**. Your answers will help us identify which program staff should attend the meeting.

Send completed form to the Office of Planning and Program Development (OPPD): by email to: <a href="mailto:DEEP.OPPD@ct.gov">DEEP.OPPD@ct.gov</a>, or by regular mail to: OPPD, Department of Energy and Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127.

For questions, contact the OPPD at 860-424-3003.

#### **Part I: Contact Information**

1.	Proposed Applicant Name:								
	Applicant Contact Person:								
	Phone: Email:								
2.	Pre-Application Meeting Contact Person (if not the Applicant Contact):								
	Phone: Email:								
	Affiliation:								
Par	Part II: Project Information								
1.	Project Address (if known):								
	City/Town:								
2.	Project Type: (check every category which applies)								
	☐ Existing Business requiring a new license or modification of an existing license								
	□ New Business   □ Residential   □ Mixed Use								
	□ New Construction   □ Commercial/Industrial   □ Municipal								
	Other (please specify):								
3.	Project Description:								

### Part II: Project Information (continued)

Use or storage of pesticides

equipment, etc.)

4. Desc	cription of the site as it currently exists and what changes would occur as a result of the project.			
Part III:	Project Activities			
	ach activity that may be applicable to your project (check all that apply):			
	Environmental remediation or decontamination prior to future use of the site			
	Site located in a coastal area			
	Site located in an aquifer protection area			
	Site located in a CT DEEP Natural Diversity Database state listed species habitat			
	Site located in an Environmental Justice Community			
	Property subject to the Property Transfer Act			
	Disturbance of land area			
	If so, extent of area disturbed (in acres):			
	Construction of a pond or surface water impoundment, including those used for sedimentation, stormwater retention/detention			
	If so, will it be (check one):  temporary or permanent			
	Constructing, altering, rebuilding, or substantially repairing any dam, dike or-similar structure			
	Alteration (e.g., excavating/dredging) of any tidal or inland wetlands, watercourses, flood plains or floodways			
	If so, what is the extent of the area to be altered (in acres)?			
	If so, will there be ☐ fill, ☐ dredging and/or ☐ excavation?			
	Installing a structure within a tidal or inland wetland or watercourse?			
	Individual piece of equipment or a process which has the <b>potential to emit</b> 15 tons or more per year of any individual air pollutant or meet any other applicability requirement of RCSA Section 22a-174-3a(a)			
	If so, provide the total proposed annual emissions for the project (tpy):			
	PM <sub>10</sub> /PM <sub>2.5</sub> : VOC:			
	SOx: CO:			

Management of wastes either generated on-site or off-site

If so, what types of wastes will be managed? (Check all that apply)

Municipal Solid Waste Hazardous Wastes (RCRA)

Recyclable Wastes Connecticut Regulated/Special Wastes
Biomedical Wastes Radioactive Wastes
Other; specify

Storage of any liquids or gaseous fuels or chemicals at the site

If so, please describe proposed storage (e.g., above ground, underground, tank size, vapor pressure, etc.):

Manufacturing, possession, use, or disposal of any radioactive materials (e.g., x-ray and materials testing

## Part III: Project Activities (continued)

	_	gallons per day):	Volume (gpd)		
	If so, indicate method and volume (g  Method  Subsurface sewage treatm	gallons per day):	Volume (gpd)		
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	<ul><li>Method</li><li>☐ Subsurface sewage treatm</li></ul>		Volume (gpd)		
	Subsurface sewage treatm	ent and disposal syst	Volume (gpd)		
	_	ent and disposal syst			
	☐ Publicly owned treatment w	☐ Subsurface sewage treatment and disposal system			
	☐ Publicly owned treatment works				
	Privately owned treatment works				
	Other (please specify):				
е	Withdrawal of groundwater from one exceeds 50,000 gallons of water during from provide: the location of well(s) (	ng any twenty-four ho	d in one system whose combined maximum withdra nour period		
		iverted (million gallons	ns per day):		
□ V	Withdrawal of surface waters in excess of 50,000 gallons during any twenty-four hour period				
	If so, provide: name of withdrawal source:				
	location of withdrawal source (lat/long):				
	quantity of water di	iverted (million gallons	ns per day):		
S	Transfer of more than 50,000 gallons of water in any twenty-four hour period from one water supply distribution system or service area to another such distribution system or service area, or installation of capacity to transfer such water				
It	If so, provide: name of distribution system(s)/service area(s):				
	quantity of water tra	ansferred (million gall	ıllons per day):		
□ U	Utilization of any public funds				
It	f so, check type:	] Federal [	☐ State		

Note: If applicable, you may attach a site plan along with this completed questionnaire or bring a site plan to the pre-application meeting. Please refer to the <u>Pre-Application Guidance</u> to better prepare for the pre-application meeting.