



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Engineering & Enforcement Division

# General Permit Registration Form for Storage and Processing of Asphalt Roofing Shingle Waste (ARSW) for Beneficial Use and Recycling

Please complete this form in accordance with the instructions (DEP-RCY-INST-011) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: <b>Beneficial Use/Demonstration Authorization</b>	

## Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for a (check all that apply):</p> <p><input type="checkbox"/> <i>New general permit registration and</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Replacement of an individual permit or an authorization</i></p> <p><input type="checkbox"/> <i>Renewal of an existing registration</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>new ownership</i></p> <p><input type="checkbox"/> <i>*A modification of an existing registration</i></p>	<p>For renewals or modifications:</p> <p>1. Existing permit or authorization number:</p> <p>2. Facility ID number:</p> <p>3. Expiration Date:</p>
<p><b>Town where site is located:</b> _____</p> <p><b>Brief Description of Project:</b></p>	

\*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.

## Part II: Facility Type and Fee Information

Check the appropriate boxes identifying the facility type.

Activity (check one)	Maximum Storage	Fees
<input type="checkbox"/> Store and Process ARSW	15,000 cubic yards	**\$2,500.00 [#752]
<p>**The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee. The fee shall be <b>non-refundable</b> and shall be paid by check or money order to the <b>Department of Energy and Environmental Protection</b>.</p>		

### Part III: Registrant Information

- *If a registrant 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, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))*
- *If a registrant 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.).*

1. Registrant Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
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 registration. 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) Registrant Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality <input type="checkbox"/> tribal
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #: _____ This information can be accessed at database (CONCORD). ( <a href="http://www.concord-sots.ct.gov/CONCORD/index.jsp">www.concord-sots.ct.gov/CONCORD/index.jsp</a> )			
iii) <input type="checkbox"/> Check here if you are <b>NOT</b> registered with the Secretary of State's office.			
b) Registrant's interest in property at which the proposed activity is to be located:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> easement holder <input type="checkbox"/> operator
<input type="checkbox"/> other (specify): _____			
<input type="checkbox"/> Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.			
<b>2. Billing contact, if different than the registrant.</b>			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Contact Person:	Title:		
Email:			

**Part III: Registrant Information (continued)**

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

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. 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.

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

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Attorney:

Email:

**5. Facility Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

**6. Property Owner, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

### Part III: Registrant Information (continued)

**7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.

### Part IV: Site Information

**1. SITE NAME AND LOCATION**

**Is the name of the site the same as the name of the registrant?**  Yes  No

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

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

Method of determination (check one):

GPS       USGS Map       Other (please specify):

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

**2. INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes  No

**3. COASTAL BOUNDARY:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEP-APP-004) with your application as Attachment B.

Information on the coastal boundary is available at [www.lisrc.uconn.edu](http://www.lisrc.uconn.edu). (Click on the upper tab or left hand column labeled "Maps", then "Coastal Connecticut") or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

If no, is the activity which is the subject of this registration located within the coastal area? (see town list in the instructions)  Yes  No

## Part IV: Site Information (continued)

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the project site located within an area identified as a habitat for endangered, threatened or special concern species or located less than ½ mile upstream or downstream of such an area?  Yes  No Date of Map:

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

A **copy** of the completed *Request for NDDDB State Listed Species Review Form* and the CT NDDDB response **must** be submitted with this completed registration as Attachment C.

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

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes  No To view the applicable list of towns and maps visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection)

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

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

If your site is on a Level A map, check the DEEP website, [Business and Industry Information](#) to determine if your activity is required to be registered under the Aquifer Protection Area Program.

If your site is on a Level B map, no action is required at this time, however you may be required to register under the Aquifer Protection Area Program in the future when the area is delineated as Level A.

6. **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 D.

7. **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-011)?  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-011) 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 **PRIOR TO FILING THIS REGISTRATION WITH THE DEPARTMENT** and adhere to the requirements of section 22a-20a CGS. Refer to the Environmental Justice Public Participation Guidelines (DEP-EJ-GUID-001) for more information ([www.ct.gov/deep/environmentaljustice](http://www.ct.gov/deep/environmentaljustice)).

## Part V: Activity Specific Information

Please check the box by each document indicating that each has been prepared and is available on-site for inspection.

<input type="checkbox"/> Facility Site Plan
<input type="checkbox"/> Facility Description
<input type="checkbox"/> Facility Operation and Management Plan, including the Emergency and Preparedness Plan
<input type="checkbox"/> Final Closure Plan and Cost Estimate
<input type="checkbox"/> Financial Assurance Mechanism

## Part VI: Supporting Documents

Check the applicable box below for each attachment being 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 registration 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 facility or site. Indicate the quadrangle name on the map.
<input type="checkbox"/>	Attachment B:	<i>Coastal Consistency Review Form</i> (DEP-APP-004), if applicable.
<input type="checkbox"/>	Attachment C:	Copy of the completed <i>Request for NDDB State Listed Species Review Form</i> (DEP-APP-007) and the NDDB response, if applicable.
<input type="checkbox"/>	Attachment D:	Conservation or Preservation Restriction Information, if applicable
<input type="checkbox"/>	Attachment E:	Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable.

### Notes:

1. A letter must be submitted to the chief elected official of the municipality in which the subject facility is or will be located informing him or her that a registration for this general permit has been submitted to the department. A suggested letter format is attached to this registration form for your convenience.
2. The permittee shall submit to the local fire department, police department and hospital a copy of the facility's Emergency and Preparedness Plan (which must be included as part of the Operation and Maintenance Plan) within 30 days of the registration approval date, or prior to commencement of operation, whichever is sooner.

## Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the application 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 general permit registration is complete and accurate on forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that a Facility Site Plan, a Facility Description, an Operation and Management Plan (including an Emergency and Preparedness Plan), a Final Closure Plan and Cost Estimate (as applicable) and a Financial Assurance Mechanism (as applicable) for the subject facility have been prepared as specified in Section 5(a) of the <i>General Permit for Storage and Processing of Asphalt Roofing Shingle Waste (ARSW) for Beneficial Use and Recycling</i> and are available at the site of the subject facility.</p> <p>I also certify that a letter has been sent to the chief elected official of the municipality in which the subject facility is or will be located informing him or her that this registration has been submitted to the department.”</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. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.). If so, please reproduce this sheet and attach signed copies to this sheet.</p>	

Note: Please submit the completed Registration Form, Fee, and all Supporting Documents to:

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

## Suggested Letter Format for Notification to Municipality

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

*(Name and Address of Official)*

Re: Notification of Application for the *General Permit for Storage and Processing of Asphalt Roofing Shingle Waste (ARSW) for Beneficial Use and Recycling*

\_\_\_\_\_, has submitted an application to  
*(Name of Company)*

the Department of Energy and Environmental Protection for the *General Permit for Storage and Processing of Asphalt Roofing Shingle Waste (ARSW) for Beneficial Use and Recycling*

on \_\_\_\_\_ for the facility located at \_\_\_\_\_ .  
*(Date)* *(Facility Location)*

This General Permit allows for the storage and processing of asphalt roofing shingle waste (ARSW) for beneficial use and recycling.

For more information please refer to the Department of Energy and Environmental Protection's Waste Engineering and Enforcement Website at [www.ct.gov/deep/solidwaste](http://www.ct.gov/deep/solidwaste) or call 860-424-3372.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Name – Print or Type)*

\_\_\_\_\_  
*(Title)*