



**Connecticut Department of
Energy & Environmental Protection**

General Permit Registration Form for the Addition of Grass Clippings at Registered Leaf Composting Facilities

Please complete this form in accordance with the instructions (DEEP-RCY-GP-006) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: BUD – Grass Clippings - GP

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"/> New general permit registration [#341] and <input type="checkbox"/> Replacement of an individual permit or an authorization</p> <p><input type="checkbox"/> Renewal of an existing registration [#341]</p> <p><input type="checkbox"/> A modification of an existing registration [#341]</p>	<p>For renewals or modifications:</p> <ol style="list-style-type: none"> Existing permit or authorization number: Facility ID number: Expiration Date:
<p>Town where site is located: _____</p> <p>Brief Description of Project:</p>	

Part II: Fee Information

<p>A fee of \$500 is to be submitted with <i>each</i> registration that you are submitting. Each leaf composting facility to which grass clippings will be added 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 Energy and Environmental Protection or by such other method as the commissioner may allow.</p>
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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)
- 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.).
- If there are any changes or corrections to your company/facility or individual 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. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes, contact the specific program from which you hold a current DEEP license.

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 DEEP, 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 DEEP 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 the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)			
iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.			
<input type="checkbox"/> Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.			
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): _____			

Part III: Registrant Information (continued)

2. Billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

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:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, 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 DEEP 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:

Phone:

ext.

E-mail:

5. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Registrant Information (continued)

6. Facility Owner, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

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:

Phone:

ext.

E-mail:

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

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

[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. The estimated date on which the addition of grass clippings will begin:

_____ day _____ month _____ year

3. The total quantity of leaves received at the subject leaf composting facility over the past twelve months (in cubic yards): _____ cubic yards

4. The capacity of the subject leaf composting facility (in cubic yards) as registered pursuant to a leaf composting registration under section 22a-208i(a)-1 of the Regulations of Connecticut State Agencies: _____ cubic yards

5. Distance (in feet) from the subject leaf composting facility to any buildings within 250 feet of said facility and the use to which such buildings are put. Location of these buildings must also be indicated and labeled on the site plan required in Part V of this application.

Distance from Site (feet)

Use of Building

6. Distance (in feet) from the subject leaf composting facility to any surface water within 250 feet of said facility. Location of these surface waters must also be indicated and labeled on the site plan required in Part V of this application.

Distance to Surface Water (feet)

Type of Waterbody (i.e., stream, pond, etc.)

7. **COASTAL BOUNDARY:** Will the activity which is the subject of this registration be 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, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed registration as Attachment C.

Information on the coastal boundary is available at 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).

Part IV: Site Information (continued)

8. **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 registration, 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 NDDDB State Listed Species Review Form](#) (DEEP-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 D.

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDDB at 860-424-3011.

9. **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

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.

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

10. **CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this registration be located within a conservation or preservation restriction area? 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.

Part V: 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.

- Attachment A: Site Plan
- Attachment B: 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 and *Latitude and Longitude* (DEEP-APP-003). Indicate the quadrangle name on the map.
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: Copy of the completed *Request for NDDDB State Listed Species Review Form* (DEEP-APP-007) and the NDDDB response, if applicable.
- Attachment E: Conservation or Preservation Restriction Information, if applicable
- Attachment F: A detailed written description of how grass clippings will be added to the registered leaf composting facility. For guidance, please refer to the DEEP document entitled "*Best Management Practices for Grass Clipping Management*" dated January, 1999, as may be amended.

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 insufficient unless *all* required signatures are provided **and are the proper signatory authority as specified under Part VII in the instructions.** [If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.]

"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.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

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

I certify that both a site plan and operation and management plan for the leaf composting facility to which grass clippings will be added have been prepared in accordance with section 22a-208i(a)-1(c)(2)(H) and (I) of the Regulations of Connecticut State Agencies."

I certify that I have read General Permit for the Addition of Grass Clippings at Registered Leaf Composting Facilities issued by the Commissioner of the Connecticut Department of Energy and Environmental Protection; and that the Addition of Grass Clippings to a Registered Leaf Composting Facility which is the subject of this registration is eligible for authorization under such permit; that if such Addition of Grass Clippings to a Registered Leaf Composting Facility commenced prior to the issuance of such permit, all applicable requirements of such permit are being met; and that a functioning and effective system is in place to assure that all such requirements are met so long as the Addition of Grass Clippings to a Registered Leaf Composting Facility which is the subject of this Registration continues.

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."

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

Note: Please submit this 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