Wastewater Discharge Permit Application Checklist

This Application Checklist (Checklist) has been created to provide guidance to the applicant in the preparation of a Permit Application for Wastewater Discharges from Manufacturing, Commercial and Other Activities (DEEP-WPED-APP-100). The Checklist provides information needed to evaluate - by both the applicant and the Department of Energy and Environmental protection (DEEP) - the completeness of a submitted Water Discharge Permit Application, as well as to serve as the basis for discussion at a Pre-Application Meeting between the applicant and DEEP. In an effort to improve our Water Discharge Permitting Process, DEEP has initiated a revised application process to ensure a more timely review and decision making of submitted applications.

Action required by the Applicant:
- Please complete this form in accordance with the instructions below and email it to the assigned DEEP Water Permitting Engineer when you submit your completed permit application 180 days prior to permit expiration to DEEP.
- You may complete this checklist in preparation of the Pre-Application meeting. DEEP acknowledges that not all information requested will be available at the Pre-Application meeting time period.

Part I: Application Type and Description

<table>
<thead>
<tr>
<th>Application Type:</th>
<th>☐ New</th>
<th>☐ Renewal</th>
<th>☐ Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Discharge Source:</td>
<td>☐ Surface Water</td>
<td>☐ POTW:</td>
<td>☐ Ground Water</td>
</tr>
<tr>
<td>Permit Number(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part II: Fee Information

<table>
<thead>
<tr>
<th>Initial Filing Fee Paid:</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Date:</th>
<th>Amount Paid:</th>
</tr>
</thead>
</table>

Part III: Applicant Information

- *If an applicant 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, the applicant’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 an applicant 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.).
Part III: Applicant Information (continued)

1. Fill in the name, address and phone number of the applicant(s) as indicated on the application. If the application is incomplete, a notice of insufficiency will be issued to provide missing information.

Applicant:

Mailing Address:

City/Town: State: Zip Code:

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 application. 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.

1a. Applicant Type:

☐ Company ☐ Government (specify): ☐ Other (specify):

1b. Applicant's interest in property at which the proposed activity is to be located:

☐ site owner ☐ option holder ☐ lessee

☐ easement holder ☐ operator ☐ other (specify):

Are there any co-applicants? ☐ Yes ☐ No ☐ Not Applicable

Label and attach additional sheet(s) with the information requested in item 1, for each co-applicant.

2. Billing contact, if different than the applicant.

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 applicant.

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 application. 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.
Part III: Applicant Information (continued)

4. Attorney or other representative, if applicable:
   Firm Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.: 
   Attorney: 
   E-mail: 

5. Facility Operator, if different than the applicant:
   Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.: 
   Contact Person: Phone: ext.
   E-mail: 

6. Facility Owner, if different than the applicant:
   Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.: 
   Contact Person: Phone: ext.
   E-mail: 

7. Property Owner, if different than the applicant:
   Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext.: 
   Contact Person: Phone: ext.
   E-mail: 

8. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.
   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. Label and attach the sheets to this page.
Part IV: Site and Resource Information

1. SITE NAME AND LOCATION

   Name of Site:
   Street Address or Location Description:
   City/Town: State: Zip Code:

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

3. COASTAL BOUNDARY: Is this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified?  ☐ Yes  ☐ No

   If yes, and if the activity which is the subject of this application is located within the coastal boundary as delineated on DEEP approved coastal boundary maps, you must complete and submit a Coastal Consistency Review Form (DEEP-APP-004) with your application as Attachment E.

   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).

4. ENDANGERED OR THREATENED SPECIES: Is this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified?  ☐ Yes  ☐ No

   If yes, and if the project site is located within an area identified as a habitat for endangered, threatened or special concern species according to the most current "State and Federal Listed Species and Natural Communities Map", (Date of Map used to determine: ), complete and submit a Request for NDDB State Listed Species Review Form (DEEP-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 applicant.

   The CT NDDB response must be submitted with this completed application as Attachment F.

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

5. AQUIFER PROTECTION AREAS: Is the site 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.

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 application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment G.
## Part V: Facility or Activity Information

Please check the following to indicate that they are provided in the application:

1.  [ ] Principal Raw Materials  [ ] Products Produced  [ ] Services Provided

2.  [ ] SIC Codes

3.  Are there other wastes or wastewaters generated on site, or since the last permit was issued but are not included in this application? [ ] Yes  [ ] No
   
   If YES, are the following provided in the application?
   
   - Type: [ ] Yes  [ ] No
   - Quality: [ ] Yes  [ ] No
   - Method of disposal: [ ] Yes  [ ] No

   **Note:** If other wastes or wastewaters are generated on site, make sure all other wastes or wastewaters generated on site are listed with the above information provided.

4.  Are the names of toxic or hazardous substances or oils listed? [ ] Yes  [ ] No
   
   If YES, is the use and maximum quantity used per day listed in the application? [ ] Yes  [ ] No
   
   If stored on-site, is the maximum quantity of stored substance indicated on the application? [ ] Yes  [ ] No

5.  Are there any Toxic Release Inventory pollutants? [ ] Yes  [ ] No

6.  Are there any outstanding requirements or compliance schedules? [ ] Yes  [ ] No
   
   If YES, are the following provided?
   
   - Identification or Requirement (federal, state, or local): [ ] Yes  [ ] No
   - Brief description of Project and Status: [ ] Yes  [ ] No
   - Final Compliance Date (Indicates whether required or projected): [ ] Yes  [ ] No

## Part VI: Supporting Documents

Have you determined which of the attachments, A through X, are applicable to your specific activity? [ ] Yes  [ ] No

Please check the attachments submitted as verification that all applicable attachments have been submitted with this application checklist. 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 applicant’s name as indicated in Part III of the Application Form.

### Attachment A:  Executive Summary (DEEP-WPED-APP-101)

Please check yes or no to indicate if the following are provided in the application.

1.  Applicant Name (as provided in the Application Form): [ ] Yes  [ ] No
2.  Location of Facility or Activity: [ ] Yes  [ ] No
3.  Contact Person and Phone Number: [ ] Yes  [ ] No
4.  Discharge Serial Number(s) (for renewal): [ ] Yes  [ ] No
5.  Maximum Flow (gallons per day): [ ] Yes  [ ] No
6.  Category of Discharge: [ ] Yes  [ ] No
7.  Name(s) of the Receiving Surface water(s): [ ] Yes  [ ] No
Part VI: Supporting Documents (continued)

- **Attachment A: Executive Summary (DEEP-WPED-APP-101) (continued)**
  8. Brief Description of the nature of the business activity: □ Yes □ No
  9. Are a project timeline and a summary of the environmental impacts of the proposed discharges included in the application? (New Discharges Only) □ Yes □ No

- **Attachment B: Applicant Background Information (DEEP-APP-008)**
  1. **One of the five (5) categories must be checked.**
     - Corporation: □ Yes □ No
     - Limited Liability Company: □ Yes □ No
     - Limited Partnership: □ Yes □ No
     - General Partnership: □ Yes □ No
     - Voluntary Association: □ Yes □ No

- **Attachment C: Applicant Compliance Information (DEEP-APP-002)**
  1. Is the applicant name provided? □ Yes □ No
  2. Is the Table of Enforcement Actions completed? □ Yes □ No
  3. If any of the questions on page 1 of the form are answered **YES**, the Table of Enforcement Actions must be completed as directed in the instructions of the permit application.

- **Attachment D: USGS Quadrangle Map**
  1. Is a USGS map provided in the application? [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. Also include a completed **Latitude and Longitude** form (DEEP-APP-003).] □ Yes □ No

- **Attachment E: Coastal Consistency Review Form (DEEP-APP-004)**
  1. Is the **Coastal Consistency Review Form** (DEEP-APP-004) provided in the application? □ Yes □ No

- **Attachment F: Copy of completed CT NDDB Review Request Form (DEEP-APP-007) or other NDDB correspondence, if applicable. (New Facilities Only)**
  1. If necessary, is a copy of the completed **CT NDDB Review Request form** (DEEP-APP-007) provided in the application? □ Yes □ No

- **Attachment G: Conservation or Preservation Restriction Information; if applicable.**
  1. If necessary, is proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction) provided in the application? □ Yes □ No

- **Attachment I-1: Site Plans and Floor Plans**
  1. Is the Site Plan supplied in the application? □ Yes □ No
  2. Is the Floor Plan supplied in the application? □ Yes □ No

Comments:
Part VI: Supporting Documents (continued)

<table>
<thead>
<tr>
<th>Attachment I:</th>
<th>Operation And Maintenance For Collection And Treatment Systems: General Description, Plan Checklist And Certification (DEEP- WPED-APP-003)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the general description of the operation and maintenance plan provided?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>2. Is a plan checklist supplied in the application, with pages 1-4 initialed as required?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>3. Is an applicant signature provided on page 4?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>4. Are the name and qualifications of the preparer provided on page 4?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment J:</th>
<th>Solvent Management Plan Checklist And Certification (For Metal Finishing And Electroplating) (DEEP- WPED-APP-104)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the checklist initialed as required?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>2. Is an applicant signature and date provided in the application?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>3. If a Solvent Management Plan is submitted, are both the checklist and plan provided?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment K:</th>
<th>Spill Prevention And Control Plan Checklist (DEEP-WPED-APP-105)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All applicants must complete and submit the Spill Prevention and Control Checklist and Certification (DEEP-WPED-APP-105). Applicants must also submit the actual spill plan.</td>
<td></td>
</tr>
<tr>
<td>1. Is the checklist initialed as required?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>2. Has the application been signed and dated?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>3. If a Spill Control Plan is submitted, are both the checklist and plan provided?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment L:</th>
<th>Resource Conservation Strategies (DEEP- WPED -APP-106) (New Facilities Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Please check YES or NO to indicate if the following are provided in the application:</td>
<td></td>
</tr>
<tr>
<td>Applicant Name:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Water Conservation:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Resource Recovery:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Waste Recycling:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Waste Reuse:</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Material or Product Substitution:</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment M:</th>
<th>Line Drawing and Process Flow Diagram</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If applicable, answer the following questions:</td>
<td></td>
</tr>
<tr>
<td>Is a process line/water balance drawing DEEPicting all discharge(s) at the facility submitted with the application?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Did you identify the type of permit authorizing the discharges?</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>
Part VI: Supporting Documents (cont.)

**Attachment M: Line Drawing and Process Flow Diagram (continued)**

- Has a facility modification been made since the latest permit was issued? □ Yes □ No
  - If **YES**, are these modifications addressed in the application? □ Yes □ No
  - Is this referenced in ATTACHMENT X? □ Yes □ No
  - If **YES**, has there been any modification since the last permit was issued? If you checked **YES***, you need to submit the latest drawing for review in the application □ Yes* □ No

**Attachment N: Description and Plans and Specifications Of Collection, Treatment and Disposal Systems**

1. If applicable, answer the following questions:
   - Is treatment system process described? □ Yes □ No
   - Are the major components of the treatment system identified? □ Yes □ No
   - Are the treatment chemicals identified? □ Yes □ No
   - Are all the significant meters such as pH and flow meters identified? □ Yes □ No
   - Are all the alarms (high/low) identified? □ Yes □ No
   - Are the Plans and Specifications submitted with the application? □ Yes □ No
   - Did the facility make any treatment system modifications since the latest permit was issued? □ Yes □ No
     - If **YES**, are these modifications addressed in the application? □ Yes □ No
     - Is this referenced in ATTACHMENT X with the latest revision date? □ Yes □ No
     - If **YES**, has there been any modification since the last permit was issued? If you checked **YES***, you need to submit the latest drawing for review in the application. □ Yes* □ No

**Attachment O: Discharge Information (DEEP-WPED-APP-107)**

1. Please check **YES** or **NO** to indicate if the following are provided in the application:
   - Applicant Name (as indicated on the Application Form) □ Yes □ No
   - Existing Permit Number (if applicable) □ Yes □ No

**PART A: General Discharge Information**

- Discharge Serial Number: □ Yes □ No
- Does the discharge enter the surface water? □ Yes □ No
  - If **YES**, is the name or surface water body where the discharge first enters indicated in the application? □ Yes □ No
- Is the surface water classification of the above listed water body indicated in the application? □ Yes □ No
  - Average Daily Flow (in gallons per day): □ Yes □ No
  - Maximum Daily Flow (in gallons per day): □ Yes □ No
  - Design Flow (in gallons per day): □ Yes □ No
  - Date discharge began or will begin: □ Yes □ No
### Part A: General Discharge Information (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the discharge continuous?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, are the following indicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of hours per day of the discharge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum number of hours per day of the discharge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If NO, are the following indicated?</td>
<td></td>
<td></td>
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<tr>
<td>Average number of hours per event of the discharge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum number of hours per event of the discharge:</td>
<td></td>
<td></td>
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<tr>
<td>Is the duration and frequency of the discharge indicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a description of each specific activity or each process generating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the discharge and identification of all types of waste generated by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>each process provided in the application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For domestic sewage treatment plants, is a list of the location of all</td>
<td></td>
<td></td>
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<tr>
<td>discharges including any plant bypasses, pumping station bypasses,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and collection system overflows and bypasses provided in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>application?</td>
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</tr>
</tbody>
</table>

### For Process and/or Treatment Substances:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Serial Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Substances used in generating the wastewater:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of toxic or hazardous substances contained in process and/or treatment Substance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of available aquatic toxicity test results for process and/or treatment substance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effluent Limitations and Conditions (does not need to be completed by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>domestic sewage treatment facilities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, Discharge Serial Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this discharge described by any discharge categories listed in Appendix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A, &quot;Primary Industries Categories&quot; of RCSA sections 22a-430-3 and?</td>
<td></td>
<td></td>
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<tr>
<td>Are there any treatment requirements established?</td>
<td></td>
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<tr>
<td>Is there an effluent limitation, standard, guideline, or categorical</td>
<td></td>
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<tr>
<td>pretreatment standard established for this type of discharge in 40 CFR</td>
<td></td>
<td></td>
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<tr>
<td>Parts 400-471 or elsewhere pursuant to 301, 306, 307, 318, or 405 of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the Clean Water Act?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES to any of the above three (3) questions, is the following table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>completed (table must include the name of the discharge category and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the specific citation to the regulation, if applicable, that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>establishes the limitation or condition)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of discharge category and appropriate citation from state and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>federal regulations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an effluent limitation or condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of subpart and appropriate subpart citation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, Discharge Serial Number:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI: Supporting Documents (continued)**

### For Process and/or Treatment Substances (continued):

Are there any effluent limitations applicable to the discharge expressed in terms of production?  
☐ Yes  ☐ No

If **YES**, are the following indicated on the application?  
- Name of the Category and Subpart:  
  ☐ Yes  ☐ No
- Name and Quantity of Product per Day with Units of Measure:  
  ☐ Yes  ☐ No
- Description of Process:  
  ☐ Yes  ☐ No
- Number of Cycles through Process:  
  ☐ Yes  ☐ No

### Part B: Discharge Analysis

Is it indicated on the application what the expected discharge quality is based on?  
☐ Yes  ☐ No

(can be based on the following: Projection, Actual wastewater, or wastewater from similar discharge)

All applicants must provide analyses **RESULTS IN COLUMN 1 (unless “PP” is stated and results are referenced in ATTACHMENT W)** for all the substances listed in Table 1 and other information needed to complete columns 2 and 3, for each discharge except the following: For discharges of non-contact cooling water, heat pump wastewaters and blowdown from heating and cooling equipment, provide analysis results for substances numbered in Table 1 as 3, 5, 6, and 11 through 16 only.

Is the Contract Laboratory Identification (Table 7) completed in the application?  
☐ Yes  ☐ No

Is there a list of laboratories and types of analyses in the application?  
☐ Yes  ☐ No

### STORMWATER AND SECTIONS 316(a) and (b) of the FEDERAL WATER POLLUTION CONTROL ACT (FWPCA) REQUIREMENTS

Is this facility registered under the General Permit for the Discharge of Stormwater Associated with Industry Activity?  
☐ Yes  ☐ No

Has this facility been complying with the monitoring requirements under this permit?  
☐ Yes  ☐ No

If **NO**, is the facility taking the appropriate steps in accordance with the general permit to address noncompliance issues?  
☐ Yes  ☐ No

Comments:

### Section 316(a) of the FWPCA – Facilities with Thermal Discharge(s) Only

Did the facility provide a report that defines its zone of influence for assimilation of the thermal discharge(s)?  
☐ Yes  ☐ No

Did the facility provide a detailed written discussion on whether its thermal discharge(s) is consistent with Section 316(a) of the FWPCA and Connecticut Water Quality Standards?  
☐ Yes  ☐ No

Did the facility provide a map of the near field area, extending outward from the discharge outfall to the receiving water body, at a scale of no greater than 100 feet per inch, delineating vegetative, fish and shellfish habitant areas, etc?  
☐ Yes  ☐ No
Part VI: Supporting Documents (continued)

Did the facility provide a thermal isotherms delineating the areal extent of the plume equivalent to a temperature differential of 1.5 degrees Fahrenheit (F) and a maximum temperature of 83 degrees F? □ Yes □ No

Did the facility provide plots of the depth of water below the thermal plume depicting the difference between water depth and the depth of the thermal plume such that vertical zones of fish passage below the plume and locations to where the plume extends to the bottom can be quantified? □ Yes □ No

Section 316(b) of the FWPCA - Facilities with Intake Structures Only

Did the facility provide the biological monitoring on impingement and entrainment and technology assessment report in the application required to make a Best Technology Available (BTA) decision under Section 316(b) of the federal Clean Water Act? □ Yes □ No

Is there a description of structural and operational features that reduce impingement mortality and entrainment? □ Yes □ No

Is there a description of previous fisheries studies conducted by the facility? □ Yes □ No

Is there inclusion of a Literature Cited section with full citations for all literature used in the preparation of the application? □ Yes □ No

Description of the Facility

Fuel Type, Power Output □ Yes □ No

Purpose of Facility (e.g., base-load, peaking) □ Yes □ No

Type of Cooling System (e.g., once-through, cooling towers) □ Yes □ No

Maximum Cooling Water Capacity (MGD) □ Yes □ No

Annual Capacity Factor for last permit period □ Yes □ No

Annual Cooling Water Usage (MGD), by month, for prior permit cycle □ Yes □ No

Cooling Water Usage as a percentage of water body flow □ Yes □ No

Other Water Withdrawals from the same source that have other purposes at the facility (e.g., make-up water for cooling towers) □ Yes □ No

Source Water Body

Name of water body □ Yes □ No

Location of plant on water body □ Yes □ No

Hydrography in the vicinity of the plant (e.g., volume of flow and currents in vicinity of intake) □ Yes □ No

Summary of available Physical Data (e.g., salinity, temperature) □ Yes □ No

Cooling Water Intake Structure and Operation

Location in water body □ Yes □ No

Detailed drawings of ALL intake structure features, including scale and dimensions □ Yes □ No

Pump details (e.g., number of pumps, capacities, and operating schedule) □ Yes □ No

Screening devices (behavioral and physical): Type of screen, Mesh Size, debris/fish handling procedures □ Yes □ No

Detailed description of frequency, speed and duration of screen rotation and spray washing practices □ Yes □ No
Part VI: Supporting Documents (continued)

Description of screen rotations (e.g., manual screen rotations, automated schedule, pressure sensor)  
□ Yes □ No

Average and Maximum approach and thru-screen water velocities (fps)  
□ Yes □ No

Note: Representative calculations should be shown. Maximum velocities would occur under maximum pumping rates at minimal surface water levels, equating to Extreme Low Water (ELW) in tidally affected areas.  
□ Yes □ No

Fish by-pass and handling facilities  
□ Yes □ No

Biocides (if used at the cooling water intake)  
Description and Toxicity of biocide used  
□ Yes □ No

Location of introduction in system  
□ Yes □ No

Timing and duration of use  
□ Yes □ No

Additional Comments:

Attachment W: For Renewal of Existing Permit and Other Discharge Previously Licensed by DEEP (DEEP-WPED-APP-102)

1. Is the discharge analysis table (provided in the application) completed to the fullest?  
□ Yes □ No

2. Did the applicant provide a summary of discharge quality data from the previous two (2) years?  
□ Yes □ No

3. Is a brief narrative provided describing any changes in the processes or activities generating the discharge(s) which have occurred since the date of the last permit application?  
□ Yes □ No

4. As indicated in the table, if any permit parameter was exceeded, and any exceedances were by more than twice the permit limit or occurred more than three (3) times, did the applicant provide a description of steps taken to correct the problem?  
□ Yes □ No

Attachment X: Certification Regarding Submittal Of Previously Approved Documents by DEEP (DEEP-WPED-APP-102A)

1. Please check YES or NO to indicate if the following are provided in the application:

   Site Plan:  
   □ Yes □ No

   Floor Plan:  
   □ Yes □ No

   O&M Plan:  
   □ Yes □ No

   Resource Conservation Strategies:  
   □ Yes □ No

   Collection, Treatment, and Disposal Plans and Specifications:  
   □ Yes □ No

   Applicant Signature and Date:  
   □ Yes □ No

   Applicant Name and Title:  
   □ Yes □ No

   Permit Number:  
   □ Yes □ No

2. Is a brief general description of all systems to collect and treat the discharge(s) which are subject of this application and for which plans and specifications have been previously approved by DEEP provided in the application?  
□ Yes □ No
**Part VII: Application Certification**

1. Is the signature of the applicant and date provided? [ ] Yes [ ] No  
   If **YES**, is the name and title of the applicant indicated? [ ] Yes [ ] No

2. Is the applicant name consistent with the name as registered with the Connecticut Secretary of State? [ ] Yes [ ] No  
   If **NOT**, please provide the appropriate name as registered or submit an explanation why the name is not being used:

3. Is the application signed by the appropriate corporate officer consistent with Section 22a-430-3(b)(2) of the Regulations of Connecticut State Agencies? [ ] Yes [ ] No

4. Is the signature of the preparer and date provided? (If there is no consultant, the application will not be signed) [ ] Yes [ ] No  
   If **YES**, is the name and title of the preparer indicated? [ ] Yes [ ] No

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**Affirmative Action, Equal Employment Opportunity and Americans with Disabilities**

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or deep.accommodations@ct.gov if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.